Formula No. 300
10.48

FILED FEB 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5557

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5766 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal - Rural
d. STREET ADDRESS (If rural, give location): Rural. 36 Highway

3. NAME OF DECEASED (Type or Print)
a. (First): Nancey
b. (Middle): —
c. (Last): Charey

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24. 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: October 13. 1852
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Rockporte Ill
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Joseph Johnson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: [illegible] ADDRESS: Hannibal Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

4421

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Pronounced secondary anemia ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1948, *to* Jan 24, 1949, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) RN
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 2-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 29-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24d. LOCATION (City, town, or county) (State): Hannibal Marion Mo

DATE REC'D BY LOCAL REG.: 2/4/49
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By WC Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by George G. Magee Jr., Student Embalmer No. 298 working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal MO

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.