

SEP 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30842

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1512 Woodson St</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Saddie</u> b. (Middle) _____ c. (Last) <u>Primrose</u>			4. DATE OF DEATH (Month) <u>9</u> (Day) <u>8</u> (Year) <u>1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>6-5-1886</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>New London Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		
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13a. FATHER'S NAME <u>John Bradshaw</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Geo Primrose</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Thomas Turner</u>		ADDRESS <u>1507 Woodson St</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coma</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>unknown</u> rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231X</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>Hannibal Marion Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 9-7-51, 1951, to 9-8-51, 1951, that I last saw the deceased alive on 9-8-51, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Walterscheid M. D.</u>		(Degree or title) <u>D</u>		23b. ADDRESS <u>508 Broadway Hannibal Mo.</u>		23c. DATE SIGNED <u>9-14-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u>		24b. DATE <u>9-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-18-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Zucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Roberts</u>		ADDRESS <u>Hannibal</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

X
6440

RECEIVED SEP 18 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 21 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal MO

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.