

Registration District No. 6247

Primary Registration District No. 3079

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____

In this community 1325 Lyon St Specify whether years, months or days

8. (a) PRINT FULL NAME Jeannette Queen

3. (b) If veteran, name war WW 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Gal 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Robt Queen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6-10-1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Waco Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Poppe Easter

13. Birthplace Waco Texas
(City, town, or county) (State or foreign country)

14. Maiden name Annie Easter

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature N. C. Fisher

(b) Address 2607 Brooklyn K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40
(Month) (Day) (Year)

(c) Place: burial or cremation Holenson bur.

18. (a) Signature of funeral director Geo E Robert

(b) Address Hannibal, Mo.

19. (a) 5/13/40 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL.")

(d) Street No. 1325 Lyon
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1940 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 14 1937, to May 4 1940

that I last saw her alive on May 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

(Specify type of place) _____

(e) Means of injury _____

23. Signature G. W. Fisher (M. D. or other) _____

Address Hannibal, Mo Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.