

18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

32540

Registration District No. 547Primary Registration District No. 3079Registrar's No. 269

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:
417 Smith St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT

FULL NAME Fannie Beckner

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

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

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

7. Birth date of deceased Jan. 3 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 7 _____ hr. _____ min.

9. Birthplace Clarksville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Lusley

13. Birthplace _____ Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Lawrence Beckner

(b) Address 417 Smith St.

17. (a) Burial (b) Date thereof Sept. 12 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Hannibal Missouri

19. (a) 9-10-40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 417 Smith St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
 year 1940 hour 4:30 AM PM M.

21. I hereby certify that I attended the deceased from Sept 10
 _____, 1940 to _____, 19____:

that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage?

Due to Hypertensive Heart Disease

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?
Yes

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 100 N 6th Hannibal Date signed 9/10/40

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

Michael D. Cannon

Licensed Embalmer No. *3246*

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, above space should be left blank.