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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28843

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 236

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Residence / 1501 Hill
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Talitha Ann Athey

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 Widowed

6. (b) Name of husband or wife D.H. Athey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 23, 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation XX

11. Industry or business XX

12. Name Silas Kelly

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

14. Maiden name Mary Jane Jacobs

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

16. (a) Informant Mrs. J. W. Blough

(b) Address 2003 Broadway Hannibal

17. (a) Burial (b) Date thereof 8/21/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farber Missouri

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) 8-20-41 (b) W. C. Fisher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(d) Street No. 1501 Hill 4
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 19 year 1941 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 19 to 1941 that I last saw him alive on 8-19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of sigmoid with metastatic distribution Duration 6 mos 6 wks

Due to

Due to

Other conditions (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?

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

23. Signature: Gerald J. Fisher (M. D. or other) M.D.

Address: Hannibal Mo Date signed: 8-20-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

480

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 *James A. Moles*

Licensed Embalmer No..... 3296

P. O. Address..... Hannibal Missouri

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.