

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35492

FILED NOV 6 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 280

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

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:
Levering Hospital
(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)

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. 616 Mark Twain Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edith Blanch Budd

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 Willard (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 4 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Gan

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

14. Maiden name Artie Poston

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

16. (a) Informant Willard Budd

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 10 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Jama C. Howell

(b) Address Hannibal Mo.

19. (a) Oct 17 1941 (b) W. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
 year 1941 hour 330P M. minute _____ M.

21. I hereby certify that I attended the deceased from July 11 1941 to October 14 1941
 that I last saw her alive on October 14 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia Duration 4 days

Due to Carcinoma of Lung

Due to Carcinoma of Breast 3 months

Other conditions: 50
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast
 Of operations _____
 Of autopsy _____

Duration
 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 W. Fisher (M. D. or other) MD

Address Hannibal Mo. Date signed 10-15-41

488 (Licensed Embalmer's Statement on Reverse Side)

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 David O'Honnell

Licensed Embalmer No. 3889

P. O. Address Shinnel, 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.