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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

REC'D DEC 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38831

State File No. ....

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Elizabeth 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. 412 Mark Twain Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Julie A Webb

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..... 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 22 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 1 18 hr. min.

9. Birthplace Hannibal Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Flurra Sullivan

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

14. Maiden name Catherine Sullivan

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

16. (a) Informant Mrs. P.M. Costello

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 11 22 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director J. O. O'Connell

(b) Address Hannibal Mo.

19. (a) 11-24-41 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 20  
year 1941 hour 1230p. minute..... M.

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

Immediate cause of death.....  
Carcinoma Liver

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) H68

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) No.

(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 C. E. Salter (M. D. or other) 0

Address Hannibal Mo Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Harold A. [Signature]

Licensed Embalmer No. 3889

P. O. Address [Signature]

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**