

FILE: SEP 17 1942
547

Registration District No. _____

Primary Registration District No. 3079

Registrar's No. 177

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: St. Elizabeth's 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: Entire life 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.: 1003 Rock
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 12 midnight
year: 1942 hour: 12 minute: _____ P. M.

21. I hereby certify that I attended the deceased from July 10
1942 to July 11, 1942
that I last saw her alive on July 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

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: Dr. G. M. Fox (M. D. or other)
Address: Hannibal, Mo. Date signed: July 20 1942

3. (a) PRINT FULL NAME: Ida Elizabeth Stevens

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

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

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

7. Birth date of deceased: October 29 1872 (Month) (Day) (Year)

8. AGE: Years: 69 Months: 8 Days: 13 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: at home

11. Industry or business: _____

12. Name: Nathaniel Stanford

13. Birthplace: not known (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Clay

15. Birthplace: not known (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Fagg Stevens (b) Address: 1003 Rock, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 15, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Robinson Cemetery

18. (a) Signature of funeral director: A. G. Stewart

(b) Address: 1003 Rock, Hannibal, Mo.

19. Date received local registrar: July 24, 1942 (Date received local registrar) (Signature of Registrar)

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

64
3
4

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: *Roy P. Schwartz*

Licensed Embalmer No. *1763*

P. O. Address *1000 Bldg, Hamihal, M*

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.