

S. No. 2
 OM-5-42
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 34270

FILED NOV 6 1942
 Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 247

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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:
1206 SULTON
(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 MO (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 1206 SULTON
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Hulda Ella Serlemen
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 11
 year 1942 hour..... minute 9:45 M.
 21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife FRED 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased MARCH 26 1862
(Month) (Day) (Year)

Immediate cause of death.....
Died suddenly
Probably a heart attack
 Due to.....
Senility
 Due to.....
High Blood pressure
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 6 15 hr. min.
 9. Birthplace Palls County, MO
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation.....
 11. Industry or business.....
 12. Name YERNOX COATES
 13. Birthplace PENN
(City, town, or county) (State or foreign country)
 14. Maiden name MARSHALL McCURDY
 15. Birthplace PENN
(City, town, or county) (State or foreign country)
 16. (a) Informant Jud Serlemen
 (b) Address 1206 Sulton, Hannibal, MO
 17. (a) Burial (b) Date thereof Oct. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation General Burial Part.
 18. (a) Signature of funeral director James O'Rourke
 (b) Address Hannibal, MO
 19. (a) 10/15/42 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work..... (e) Means of injury.....
 23. Signature Wm M. Smith Coroner
(M. D. or other)
 Address Hannibal, Mo. Date signed 10/12/42

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 J. Lawrence

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, fact should be so stated above.