

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 284

JAN 14 1943

Registration District No. 209

Primary Registration District No. 3043

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: 208 N. 7th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Edith Eleanor Briggs
(b) If veteran, name war.....
(c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced
(b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 20, 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 28 If less than one day
— hr. — min.

9. Birthplace Champaign county Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Representative

11. Industry or business Periodical Publishing Co.

12. Name Charles Wilson Beck

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

14. Maiden name Eleanor Ketchum

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Beatrice Briggs

(b) Address 208 N. 7th, Hannibal, Mo.

17. (a) Burial (b) Date thereof Nov. 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Rayson Cemetery

18. (a) Signature of funeral director R. B. Depue

(b) Address 1000 E. Dubuq, Hannibal, Mo.

19. (a) 11-18-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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. 208 N. 7th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1942 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 13, 1942, to Nov. 17, 1942
that I last saw him alive on Nov. 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Purpuric Pneumonia 1 yr.
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 130

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature C. E. Salter (M. D. or other)

Address Hannibal Mo. Date signed.....

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 1765-

P. O. Address 1000 B. Dubey, 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.