

FILED JAN 14 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 328

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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:  
Levering Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 27 hrs.  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elsie Maud Tate

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*\*\*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23  
year 1942 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12-20, 1942 to 12-23-42; that I last saw her alive on 12-22, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl Tate

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: March 24 1901  
(Month) (Day) (Year)

Immediate cause of death: Membranitis (Streptococcus)

Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>8</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Wm. Stover

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Earl Tate

(b) Address Palmyra Mo. R.F.D.

17. (a) Burial (b) Date thereof 12/23/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hester Mo.

18. (a) Signature of funeral director E.J. Szwagalski

(b) Address Palmyra Mo

19. (a) 12/26/42 (b) McConnor  
(Date received local registrar) (Registrar's signature)

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 [Signature] (For other) \_\_\_\_\_

Address Hannibal Mo Date signed 12-26-42

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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..... *E. D. Sprague* .....

Licensed Embalmer No. *3245* .....

P. O. Address *Palmyra 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.**