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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 209

Primary Registration District No. 3043

State File No. 21969

Registrar's No. 129

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 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town ~~Infant~~ Palmyra
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Linda Kay Pease

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 5 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Lester H. Pease
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucille Widebrook
15. Birthplace Marion County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Widebrook
(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Little Union Cemetery

18. (a) Signature of funeral director Lewis Bron
(b) Address Palmyra, Mo.

19. (a) 5-8-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from May 5, 1943 to May 6, 1943
that I last saw her alive on May 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Anencephalon
Anencephalus.

Due to

Due to Congenital

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

157e

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 [signature] (M. D. or other)

Address [illegible] Mo Date signed 5/8/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.