S. No. 2
M—1-4-41
v. 5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28779

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 169

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: 173 Garth Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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.: 173 Garth Ave (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Sussie Bell Payne
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: widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 11 (Month) 20 (Day) 24 (Year)

8. AGE: Years 68 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace: Palmyra (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: James Marshall
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Hilda Marshall
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Cora Ely
(b) Address: 2619 Hopson St
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: 6-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson Cem
18. (a) Signature of funeral director: Geo E Roberts
(b) Address: Hannibal Mo
19. (a) 6/11/43 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31 year 43 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from May 22 1943 to May 31 1943 that I last saw her alive on May 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Due to .....
Due to .....
Other conditions: Mitral Insufficiency
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy: 92 F

Duration

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: H. M. Meek (M. D. or other) M.D.
Address: Hannibal Mo Date signed: 6/11/43

11/16

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.