

FILED AUG 20 1943

State File No. _____

Registration District No. 209

Primary Registration District No. 3029 3043

Registrar's No. 179

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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

(c) Name of hospital or institution: Leaning Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Hannibal ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 1802 1/2 Market St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Malinda Elizabeth Stanley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Geo Wm Stanley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 12, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>6</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Theodore Mc Rae

13. Birthplace Marion county Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Malinda Wilson

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

16. (a) Informant Marion G Stanley

(b) Address Hannibal, Mo.

17. (a) Burial (burial, cremation, or removal) _____ (b) Date thereof June 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Ray C. Schwartz

(b) Address 170 Bluff Hannibal, Mo.

19. (a) 626743 (b) R. W. Connor
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-8-43 to June 20, 1943
that I last saw her alive on June 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis ^{Duration} circles
Cerebra!

Due to arterio sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 838

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) No

(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 Dr. Hardesty M.D. (M. D. or other) _____
Address Hannibal Date signed 6-22-43

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 Ray P. Schwartz

Licensed Embalmer No. 1965

P. O. Address 1700 B. Hwy, 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.