

FILED AUG 20 1943

State File No. _____

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 183

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 ~~1360000000~~ 12 days
(Specify whether years, months or days) 33 years

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 522 South Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha L. Vener

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 Married

6. (b) Name of husband or wife William Vener 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept 1 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	9	27	hr. min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business _____

12. Name William H. Lane

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

14. Maiden name No record

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

16. (a) Informant William Vener

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Palmyra, Mo.

18. (a) Signature of funeral director Lewis Brey

(b) Address Palmyra Mo.

19. (a) 6/29/43 (b) W. Fisher
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 6-10-1943 to 6-28-1943
that I last saw him alive on 6-27-43 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration 7 days

Due to Coronary Artery

Due to _____

Other conditions (include pregnancy within 3 months of death) 46 e

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 Sept A. Gentry (M. D. or other) M.D.

Address Palmyra Mo. Date signed 6/29/43

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

Standard

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.....

Leob. Lewis
.....
Licensed Embalmer No. *2382*

P. O. Address.....
Salisbury, 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.