

FILED SEP 25 1943

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 236

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:
119 Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 119 Terrace
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Christine Fessenden

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 Married

6. (b) Name of husband or wife Orie Fessenden 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August 4, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months _____ Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name Fred Rafter

13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Koch

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Orie Fessenden

(b) Address 119 Terrace Hannibal Missouri

17. (a) Burial (b) Date thereof August 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director W. J. Smith

(b) Address 302 Broadway Hannibal

19. (a) 8-31-43 (b) R. H. Common
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1943 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 26 1943 to Aug 26 1943
that I last saw him alive on Aug 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatous Stomach
Due to Carcinoma of Stomach

Other conditions (Include pregnancy within 3 months of death) H6 P

Major findings: Of operations _____ Of autopsy _____

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 H. H. Haver (M. D. or other) _____
Address Hannibal Mo Date signed _____

Duration 18 hours
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1146

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.....
..... George T. Bond, Registered Apprentice No. 350,
working under my personal supervision.

Signed.....

Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address..... Hannibal Missouri

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.