

Registration District No. 20745

Primary Registration District No. 3043

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 Th Hosp. O
(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 MO (b) County Marion 69
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 7
(d) Street No. 202 Paris Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mable C Cook
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 22
year 1944 hour _____ minute 6 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Bern 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov 11, 1943 to Feb 22, 1944
that I last saw her alive on Feb - 22, 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Sept. 27, 1880
(Month) (Day) (Year)

Immediate cause of death General Circulation
Due to Carcinoma of Breast
Duration _____

8. AGE: Years 63 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Prington, So. Dak.
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Charles B Cook
13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)
14. Maiden name Mary E Smith
15. Birthplace Penn
(City, town, or county) (State or foreign country)
16. (a) Informant Claude Lewis
(b) Address 712 Paris Ave Hannibal MO
17. (a) Burial (b) Date thereof Feb 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James O'Connell
(b) Address Hannibal MO
19. (a) 3-27-44 (b) R Th Connor
(Date received local registrar) (Registrar's signature)

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

WRITE PLAINLY—USE UNFADING INK—PRINT FULL NAME

1146

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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 *Michael D. Donnell*

Licensed Embalmer No. *3246*

P. O. Address *Hanover, Md*

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.