

FILED JUL 15 1944

Registration District No. 2094

Primary Registration District No. 3043

State File No.

Registrar's No. 220

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 Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Washington
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country?
 If yes, name country 1

3. (a) PRINT FULL NAME Anna Marie Backer

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female race White 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Backer 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased JUNEX July 17, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 11 10 hr. min.

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name Adam Hageebusch

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

14. Maiden name Marie Hockemeyer

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

16. (a) Informant Mrs. John Peiter

(b) Address R R 1 Hannibal Missouri

17. (a) Burial (b) Date thereof June 29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Missouri

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

(b) Address 902 902 Broadway Hannibal Missouri

19. (a) 6-27-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 5
 1944 to June 7 1944
 that I last saw her alive on June 26 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 131 L

Other conditions Chronic nephritis & Semblly
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? 1 (Specify type of place) (e) Means of injury

23. Signature W. H. Smith (M. D. or other) MD
 Address 1602 Broadway Hannibal Mo Date signed 6/28/44

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

4
3
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3662

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: *George T Bond*

Licensed Embalmer No..... 4373

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.