

FILED JUL 20 1944

Registration District No. **201944**

Primary Registration District No. **3043**

Registrar's No. **31**

64
3
4

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

1. PLACE OF DEATH:
 (a) County Warren
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 1252 Essig (Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgia Joe Black
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Joe Black **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased 5 22 1904
 (Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Pike Mo (City, town, or county) MO (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Geo Holliday

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

14. Maiden name Russie Bhatman

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

16. (a) Informant Joe Black

(b) Address 1252 Essig St

17. (a) (Burial, cremation, or removal) Baptist bur **(b) Date thereof** 8-9-44
 (Month) (Day) (Year)

(c) Place: burial or cremation Baptist bur

18. (a) Signature of funeral director W E Roberts
(b) Address Hannibal Mo
19. (a) 1-17-44 **(b)** R H Condon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State 7770 (b) County Warren
 (c) City or town Hannibal Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1252 Essig St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
 year 1944 hour 10 minutes 17 PM

21. I hereby certify that I attended the deceased from Oct 20
1943 to Jan 6 1944

that I last saw her alive on Jan 6 1944
 and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J 3a!

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 Wagon

23. Signature W E Roberts (M. D. or other)
Address Hannibal Mo **Date signed** Jan 15 1944

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

George Robarb

Licensed Embalmer No. 2113

P. O. Address Harrisburg 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.