

1. PLACE OF DEATH:

(a) County Maion
(b) City or town Hannibal Missouri
(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. 7 Weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maion 64
(c) City or town Hannibal Missouri 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 2620 St Mary
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MYRTLE LEE THREKELD

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

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

6. (b) Name of husband or wife dead 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired School Teacher

11. Industry or business _____

12. Name Robert Lee Livan

13. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Janna Bell Buzzard

15. Birthplace Maion County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Groves Livan

(b) Address Hannibal MO

17. (a) Burial (b) Date thereof Nov. 17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Elizabeth Hospital

18. (a) Signature of funeral director W. P. Thompson, J. Conitt Hayes

(b) Address Shelbyville, Shelby Missouri

19. (a) Nov. 17, 1944 (Registrar's signature) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15th
year 1944 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from October 8th
1944 to Nov. 14th 1944

that I last saw her alive on Nov. 14th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____

Due to _____

Other conditions Ch. nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1218

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? _____

(Specify type of place) _____

23. Signature [Signature] (M. D. or other) _____

Address 1146 Shelbyville Hannibal Mo Date signed 1/17/44

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

4
3
4

DEC 14 1942

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

Signed E.P. Thompson
Licensed Embalmer No. 1632
P. O. Address Shelbyville, 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.