

FILED JUN 6 1945
Registration District No. 299

Primary Registration District No. 3043

Registrar's No. 118

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: Levering Hospital
(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. 122 North Seventh
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Lourian Stackhouse
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 21
year 1945 hour 5 minute 20 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: February 10, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 20 to Apr 21, 1945
that I last saw him/her alive on Apr 21, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 11
If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Thrombosis
Due to hypertension
Due to arteriosclerosis
Duration 5

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Nurse

11. Industry or business XX

Major findings: Of operations 940
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Isaac Stackhouse
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Emma Byrum
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Byrum
(b) Address Hannibal Missouri

22. If death was due to external causes, fill in the following:
(c) 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?

17. (a) Burial (b) Date thereof 4/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet
18. (a) Signature of funeral director W. M. Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 4-26-45 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

23. Signature W. M. Smith (M. D. or other) _____
Address Hannibal Mo Date signed _____
(Specify type of place) While at work? (e) Means of injury _____

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

Branch

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.