

5-42
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State File No. _____
Registrar's No. 71

Registration District No. _____ Primary Registration District No. 3043

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

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 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Few hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Kinderhook~~ Illinois (b) County Pike 999

(c) City or town Kinderhook 11
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Core L. Eddingfield

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

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

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

7. Birth date of deceased August 26, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Kinderhook Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name James W. Sperry

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Nancy L. Cory

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Otella Walch

(b) Address Hull Illinois

17. (a) ~~Burial~~ Removal (b) Date thereof February 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinderhook Ill.

18. (a) Signature of funeral director [Signature]

(b) Address 202 Broadway Hannibal Missouri

19. (a) 2-18-46 (b) Dr. E. M. Tucker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1946 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 25 '42 to Feb. 18 '46 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion 10 hrs

Due to Coronary Occlusion about

Due to Myocardial Damage 2 1/2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy OK

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (Specify type of place) 0
(City or town) (County) (State)

Address Hannibal Mo (M. D. or other) M.D.

Date signed 2-18-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.