V. S. No. 2
00M—5-43
ev. 5-17-39
I 671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1946

State File No. 6466

Registration District No. 299 209 Primary Registration District No. 6003 5765 Registrar's No. 60

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: R#4, Hannibal, MO 1
(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 64

(c) City or town Hannibal 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Alice Rogers

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Odin

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

7. Birth date of deceased July (Month) 28 (Day) 1870 (Year)

8. AGE: Years 75 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Indian Creek (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name John Bick
13. Birthplace ——— (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Portz
15. Birthplace ——— (City, town, or county) Germany 11 (State or foreign country)

16. (a) Informant Mrs W H Woolcock
(b) Address R#4 Hannibal MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO

19. (a) 2-12-46 (Date received local registrar) (b) D. H. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1946 hour ..... minute 1:45 P.M.

21. I hereby certify that I attended the deceased from Jan. 8 1946, to Jan. 8 1946
that I last saw her alive on Jan. 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	12 hr.
Due to Coronary arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 940

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)
While at work? ..... (e) Means of injury 0

23. Signature H B Norton (M. D. or other)
Address Hannibal MO Date signed 1-12-46

189

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.