

FILED APR 6 1946

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 113

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: 122 N. Hayden
(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 N. Hayden
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Louise ATKINS

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

7. Birth date of deceased March 5, 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months - Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Phyllis Rosenberg
13. Birthplace Bernary
(City, town, or county) (State or foreign country)
14. Maiden name Winkler
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Atkins

(b) Address 122 N. Hayden Hannibal Mo

17. (a) Burial (b) Date thereof March 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MO Olive Cem

18. (a) Signature of funeral director James O'Donoghue

(b) Address Hannibal Mo

19. (a) 3-18-46 (b) Dr. E. M. Sucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1946 hour _____ minute _____ AM/PM

21. I hereby certify that I attended the deceased from March 1, 1946 to March 15, 1946
that I last saw her alive on March 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to atherosclerosis

Due to _____

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

Major findings: Of operations 93
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

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

Address Hannibal Mo Date signed _____

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

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 A. M. O'Connell

Licensed Embalmer No. 3889

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.