

S. No. 2
M-5-43
5-17-39
3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27764
Registrar's No. 268

Registration District No. 20
FILED AUG 23 1948

Primary Registration District No. 3042

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
26602

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:
213^a N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
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. 213^a N. Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Price
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 Married
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 21, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 4th year 1946 hour _____ minute 11⁰⁰ P.M.
21. I hereby certify that I attended the deceased from _____, 1946 on Aug 4th, 1946 that I last saw her alive on Aug 4th, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 5 14 _____ hr. _____ min.

Immediate cause of death Coronary thrombosis
Due to unknown
Due to _____

9. Birthplace Yorkshire England
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy none

11. Industry or business
12. Name Thomas Casper
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Prince
15. Birthplace England
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John N. Price
(b) Address 213^a N. Main Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug, 6 46
(Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James Alonnieff
(b) Address Hannibal Mo
19. (a) 8-9-46 (Date received local registrar) (b) Dr. E. M. Ducker (Registrar's signature)

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 2
23. Signature E. J. Horvath (M.D. or other) Date signed 8/9/46
Address 202 N. 4th St. Hannibal

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..... *H. 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.