

FILED AUG 23 1946
Registration District No. 209

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 0
(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 Ralls 87

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

(d) Street No. R R 1 (1)
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beatrice Margia Van Winkle

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 Leonard Van Winkle 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 28, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	10	_____ hr. _____ min.

9. Birthplace West Hartford District, Perry Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name Fred Wilkinson

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

14. Maiden name Priscilla Bailey

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

16. (a) Informant Leonard Van Winkle
(b) Address R R 1 New London Missouri

17. (a) Burial (b) Date thereof 8/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director [Signature]
(b) Address 902 Broadway Hannibal Missouri

19. (a) 8-13-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 6-25
19 46 to 8-8 19 46
that I last saw her alive on 8-8
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 min

Due to coronary sclerosis B 3 yrs

Due to 56

Other conditions Vaginal hysterectomy
(Include pregnancy within 3 months of death)

Major findings: 3° prolapse of uterus
Of operations with poly p. of cervix
Of autopsy _____

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 place of place)
Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address Hannibal Mo Date signed 8/9/46

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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. 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.