

No. 2
1-5-43
5-17-39
I X35571

FILED SEP 23 1946

State File No. _____

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 288

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:
608 Flora
(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 3
(If outside city or town limits, write "RURAL")

(d) Street No. 608 Flora Ave 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ANNA BONKLIX CAUSER

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

7. Birth date of deceased August 17 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 - 9 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arthur Bonklir

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

14. Maiden name Katherine Hoyer

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

16. (a) Informant Harry Cummings

(b) Address 608 Flora Ave Hannibal Mo

17. (a) Burial (b) Date thereof 8-29-46
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation ST Marys Cem.

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

(b) Address Hannibal Mo

19. (a) 8/30/46 (b) Dr. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1946 hour _____ minute 8 a M.

21. I hereby certify that I attended the deceased from 5-26 1946 to 8-26 1946 that I last saw h. W. alive on 8-26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral glioma

Duration _____

Due to _____

Due to _____

Other conditions Ch. myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

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

Address [Address] Date signed 8/29/46

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

OCT 15 1947

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.