

FILED NOV 1 1946

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 331

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:
2217 Gordon
(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. 2217 Gordon 4
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mary E Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1946 hour _____ minute 15

21. I hereby certify that I attended the deceased from Autopsy _____, 1946, to Oct 14 _____, 1946; that I last saw her alive on Oct 14/46 _____, 1946; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife Mr. King. W 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23 1876
(Month) (Day) (Year)

Immediate cause of death _____

Cerebral Apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Metri. Insufficiency

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

70 1 21 _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Macon MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name James Gale Marx

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

14. Maiden name Angelina Pleasant

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

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? _____

16. (a) Informant Mrs. E. E. Baker

(b) Address 2217 Gordon, Hannibal, Mo

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

(c) Place: burial or cremation macon, mo

23. Signature H. P. M. Meeker (M. D. or other) MD

Address Hannibal MO Date signed 10/17/46

18. (a) Signature of funeral director James O. Hanes

(b) Address Hannibal, Mo

19. (a) 10-17-46 (b) Dr E M Lucke
(Date received local registrar) (Registrar's signature)

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

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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'Hannell
Licensed Embalmer No. 2889
P. O. Address Stammbel 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.