

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH**

34165

State File No. ....

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 333

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 Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether 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. Hannibal LaGrange College 4  
(If rural, give location) 0  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Maggie Pearl Prince

**MEDICAL CERTIFICATION**

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

20. **DATE OF DEATH:** Month October day 18  
 year 1946 hour 5 minute 20 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Oct. 19 1946 to Oct. 18 1946  
 that I last saw her alive on Oct. 18 1946 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Dr. A. E. Prince 6. (c) Age of husband or wife if alive 59 years

Immediate cause of death Obstruction Duration  
Route coronary 12 hr.

7. Birth date of deceased February 8, 1890  
(Month) (Day) (Year)

Due to No previous symptoms

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>11</u>	<u>   </u> hr. <u>   </u> min.

Due to.....

9. Birthplace Fairfield Iowa  
(City, town, or county) (State or foreign country)

Other conditions      
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business XX

12. Name Joseph Bonner 9

Major findings: 94A  
 Of operations.....

13. Birthplace No record  
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name Mary Catherine Vaughn 9

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. A. E. Prince

(b) Address Hannibal LaGrange College

17. (a) Burial (b) Date thereof 10/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 922 Broadway Hannibal, Missouri

19. (a) 10-22-46 (b) Calvin E. Lucke  
(Date received local registrar) (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?  
(Specify type of place)

While at work?..... (e) Means of injury 0

23. Signature W. B. Norton (M. D. or other)  
 Address Hannibal Mo. Date signed 10/27/46

**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. Address 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.**