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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37740

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 367

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 In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion

(c) City or town Hannibal (If outside city or town limits, write "RURAL")

(d) Street No. 223 Rock St (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Martha Vandiver

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 5 (Month) 8 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	22	..... hr. ..... min.

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

10. Usual occupation Domestic

11. Industry or business Jo

FATHER
12. Name John Stone
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Mary E White

(b) Address 507 E Ash St Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cem

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal

19. (a) 11-13-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 30 year 46 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 31 1946 to Oct 30 1946 that I last saw her alive on Oct 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis + Cardiac edema

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

93E

Duration

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? ..... (Specify type of place)

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

23. Signature Dr. A. W. Fox (M. D. or other)

Address Hannibal, Mo. Date signed 11-1-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Geo E Robarb

Licensed Embalmer No. 2113

P. O. Address Hannibal

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.