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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

37741

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 372

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: ST. Elizabeth O
(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 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2700 Market 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hettie Ward

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 2

6. (b) Name of husband or wife Earl

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

7. Birth date of deceased Jan. 21. 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	21	hr. min.

9. Birthplace (City, town, or county) ILL 1 (State or foreign country)

10. Usual occupation Retired.

11. Industry or business

FATHER
12. Name William Lyman 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Olive McClain 1
(b) Address 2700 Market Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director James O'Donnell.
(b) Address Hannibal Mo

19. (a) 11-20-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1946 hour minute 11.58 P.M.

21. I hereby certify that I attended the deceased from Nov 9, 1946, to Nov 11, 1946
that I last saw her alive on Nov 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute obstruction of bowel

Due to Lieus of bowel. Inability concerning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 E

Of autopsy

Duration 4 Days

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 H B Nelson (M. D. or other)
Address Hannibal Mo Date signed 11-20-46

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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 N. M. O'Donnell

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.