

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 6 1947**  
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

1896  
State File No. \_\_\_\_\_  
Registrar's No. 55

Primary Registration District No. 3043

**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:  
LEXINGTON 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 ILLINOIS (b) County PIKE 999  
(c) City or town HULL 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Baby Thronie  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan day 11  
year 1947 hour 2 minute 45 P.M.  
**21. I hereby certify that I attended the deceased from** 1-10  
\_\_\_\_\_ 19. 47 to 1-11, 19. 47  
that I last saw him alive on 1-11, 19. 47  
and that death occurred on the date and hour stated above.

**4. Sex** Male **(5. Color or race)** White  
**6. (a) Single, widowed, married, divorced** 0  
**6. (b) Name of husband or wife** Betty Thronie not married  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Jan 10, 1947  
(Month) (Day) (Year)

Immediate cause of death Prematurity (7 months) 1 day  
Duration \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
		<u>1</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** Father 1929 in Ark 9

**13. Birthplace** \_\_\_\_\_ (City, town, or county) (State or foreign country)

**14. Maiden name** Betty Thronie

**15. Birthplace** Hull Ill (City, town, or county) (State or foreign country)

**16. (a) Informant** Miss Betty Thronie  
**(b) Address** Hull, Ill

**17. (a) Burial** **(b) Date thereof** 1-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Primary Crematory

**18. (a) Signature of funeral director** JAMES C. DONNELL  
**(b) Address** Hannibal Mo

**19. (a) 1-27-47** **(b) Dr. E. M. Lucke**  
(Date received local registrar) (Registrar's signature)

**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_ 159  
Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** James C. Donnell (M. D. or other) MI  
**Address** Hannibal Mo **Date signed** 1-24-47

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..... *J. 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.**