S. No. 2
M—5-43
v. 5-17-39
IX36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 5457

Registrar's No. 60

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: Residence 1607 Harrison Hill
(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. 1607 Harrison Hill 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Geneva Lorraine Black

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

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

4. Sex FE Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased May 6, 1930 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
16	8	20	..... hr. ..... min.

9. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name Marvell Black
13. Birthplace Marion County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Verna Mae Treaster
15. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Marvell Black
(b) Address 1607 Harrison Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Mr Crawford Smith
(b) Address 902 Broadway Hannibal Mo.

19. (a) 1-29-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1947 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Verdict Of Jury
As a result of a blood clot in the brain caused by some
Due to external force.

Due to .....

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

Major findings:
Of operations .....
Of autopsy Blood clot of brain

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

195E
99

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Unknown 119

(b) Date of occurrence Jan. 26, 1947 1

(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Unknown 3
(Specify type of place)

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

23. Signature James P Donnell (Coroner of Marion ~~M. D.~~ other) Co. Mo

Address Hannibal, Mo Date signed 1-29-47

(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 W. Crawford Smith

Licensed Embalmer No. 7814

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.