No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14210

FILED APR 21 1947

Local Registration District No. 26

Primary Registration District No. 3043

Registrar's No. 158

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: 211 East Rock St.
(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)
In this community .....

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.: Robinsom Ave. 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Hattie Price

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

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

4. Sex: Female 3

5. Color or race: Colored

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: Unknown (Month) (Day) (Year)

8. AGE: Years: About 82 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Quincy (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

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

MOTHER
14. Maiden name: Unknown
15. Birthplace ..... (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Joseph Douglas
(b) Address: Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson Cemetery

18. (a) Signature of funeral director: [illegible]
(b) Address: Hannibal, Missouri

19. (a) 4-15-47 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 4 day 10 year 1947 hour ..... minute 6:15 A.M.

21. I hereby certify that I attended the deceased from 4-9, 1947, to 4-10, 1947 and that I last saw her alive on 4-9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis and Cardiac Edema.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: 0

23. Signature: R. W. Fox (M. D. or other)
Address: 1216 Center, Hannibal, Mo. Date signed: 4-15-47

184 (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. 497,

working under my personal supervision.

Signed. J. [redacted] 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.