

FILED JUN 23 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **224**

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

3. (a) PRINT FULL NAME **Mary D. Dummire**

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 **Widowed**

6. (b) Name of husband or wife **John W. Dummire** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 27, 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>86</b>	<b>5</b>	<b>10</b>	hr. _____ min. _____

9. Birthplace **Bubuque Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **xx**

12. Name **Seneca Smith**

13. Birthplace **No record**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Randolph**

15. Birthplace **No record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Branham Rendlen**

(b) Address **Hannibal Missouri**

17. (a) **Burial** (b) Date thereof **6/9/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Olivet**

18. (a) Signature of funeral director **M. Bradford Smith**

(b) Address **902 Broadway Hannibal Missouri**

19. (a) **6-9-47** (b) **Dr. E. M. Lucke**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**  
(c) City or town **Hannibal**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **806 Center**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**  
year **1947** hour **1** minute **50** A. M.

21. I hereby certify that I attended the deceased from **4-7**, 1947, to **6-7**, 1947,  
that I last saw him alive on **6-7**, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation** Duration **2 weeks**  
Due to **Acute rheumatic heart disease** ?  
Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **A 3 P**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

33. Signature **Harry L Green** (M. D. or other) \_\_\_\_\_  
Address **Holmes Bldg., Hannibal, Mo** Date signed **6-9-47**

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

64  
23  
0

---

---

**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.....

*H. Crawford Smith*

Licensed Embalmer No..... 3814.....

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.**