

No. 2
12-45
-17-39
X47070

FILED JUL 29 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 3043

Registrar's No. 242

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 9 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Shelbyville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Linda Fern Mix

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 Single

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

7. Birth date of deceased March 21, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 3 0 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ernest Mix

13. Birthplace Shelbyville, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fern Boyd

15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Mix

(b) Address Shelbyville, Missouri

17. (a) Burial (b) Date thereof June 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Mo.

18. (a) Signature of funeral director H. Crawford Smith

(b) Address Hannibal, Mo.

19. (a) 6-23-47 (b) W. E. M. Luckey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from
June 17, 1947 to June 21, 1947
that I last saw her alive on June 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Rocky Mountain Spotted Fever
Due to _____

Duration

10 days

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 _____

23. Signature W. L. Green (M. D. or other)

Address Hannibal Mo Date signed 6-22-47

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

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, 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.