

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35063**
Registrar's No. **349**

FILED OCT 20 1947

Registration District No. **207**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **R. R. # 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. # 2
(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) **-----**

3. (a) PRINT FULL NAME **JULIA M. HAM**

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 **Marion Ham** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased: **unknown**
(Month) (Day) (Year)

8. AGE: Years **97** Months **-** Days **-**
If less than one day **---** hr. **---** min.

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

10. Usual occupation **-----**

11. Industry or business **-----**

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Rose Pollitt**

(b) Address **R. R. # 2, Hannibal, Mo.**

17. (a) **burial** (b) Date thereof **10/6/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Zion Cemetery**

18. (a) Signature of funeral director **Roy O. Schwartz**

(b) Address **1000 Broadway, Hannibal, Mo.**

19. (a) **10-14-47** (b) **R. M. Lucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **64**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. # 2** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**
year **1947** hour **6** minute **45** a. m.

21. I hereby certify that I attended the deceased from **Sept 29**
1947 to **Oct 13**, 19**47**
that I last saw her alive on **Sept 29**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary fibullosis**
Sembility
Due to **-----**

Due to **-----**
Other conditions **-----**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **957**
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) (c) Means of injury **0**

23. Signature **J. H. Hill** (M. D. or other) **MD**
Address **Polkville Mo** Date signed **10/10/47**

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 Paul Richard Brown
Licensed Embalmer No. 4324
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.