S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38901

Primary Registration District No. 3043

Registrar's No. 375

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, 1900 Harrison Hill
(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.: 1900 Harrison Hill 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lulu Blanche Givan
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: December 13, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	22	..... hr. ..... min.

9. Birthplace: Hannibal Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: XX
FATHER
12. Name: Samuel Polk Givan 0
13. Birthplace: Marion County Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Susan Gordon
15. Birthplace: Marion County Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. W. E. Givan
(b) Address: Manitou Springs Colorado
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: H. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) Nov 10-1947 (Date received by local registrar) (b) Dr E M Lueke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 year 1947 hour 9 minute 10 P M.
21. I hereby certify that I attended the deceased from June 3rd, 1946 to Nov 5, 1947, that I last saw her alive on Nov. 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis	Duration
Due to:	
Due to:	
Other conditions: Arthritic deformans (Include pregnancy within 3 months of death)	35 years

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0
23. Signature: E. A. Porter D.O. (M. D. or other)
Address: 412 Center St Hannibal, Mo Date signed: 11-6-47

Jefferson City Printing Co.

(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 John S. Ward Registered Apprentice No. 35, working under my personal supervision.

Signed W. 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.