. No. 2
—1/47
-17-

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5449

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 66

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: 1004 Rock St 1
(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)

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. 1004 Rock St 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mary Ellen Banks

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

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

4. Sex Female 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Clark

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

7. Birth date of deceased February (Month) 9 (Day) 1873 (Year)

8. AGE: Years 75 | Months – | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) MO (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name John Longmire
13. Birthplace Ralls Co (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name Ellen Maxville
15. Birthplace — (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Fred Longmire
(b) Address 1004 Rock Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Baptist Cem

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 2-21-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 199

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1948 hour — minute 32 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Found dead in bed	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 3	
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 3

23. Signature James O'Donnell (M. D. or other) Coroner
Address Hannibal Mo Date signed 2-14-48

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 George R. Magee Jr., Registered Apprentice No. 497, working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

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.