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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5455**

FILED FEB 24 1948

Registration District No. _____

Primary Registration District No. **3043**

Registrar's No. **57**

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

64
3
4

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 **1 Day** (Specify whether
In this community **Life time**
years, months or days)

3. (a) PRINT FULL NAME **Estelle May Dusenberry**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **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 **January 12 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	1	hr. _____ min.

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

10. Usual occupation **School Teacher**

11. Industry or business _____

12. Name **Thomas B. Dusenberry**

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

14. Maiden name **Alice Belle Maddox**

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

16. (a) Informant **Miss Nellie Vanlandingham**

(b) Address **Palmyra, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **2/15/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery Palmyra**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Palmyra, Mo.**

19. (a) **2-17-48** (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **64**

(c) City or town **Palmyra** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **631 W. Main Cross** **0**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **13**
year **1948** hour **6** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Feb 13** 19**48** to **Feb 13** 19**48**
that I last saw him **or** alive on **Feb 13** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Aortic fibrillation** Duration _____

Due to **Hypertensive heart disease**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **[Signature]**

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? _____

(Specify type of place) _____

23. Signature **[Signature]** (M. D. or other) _____

Address **Palmyra, Mo.** Date signed **2/14/48**

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..... *Joseph Lewis*

Licensed Embalmer No. *2382*

P. O. Address *Delmarva - 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.