S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13369

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 132

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: Residence 221 North Maple (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
(c) City or town: Hannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 221 North Maple (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Margaret L. Primm
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: John N. Primm
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September 5, 1862 (Month) (Day) (Year)

8. AGE: Years 85 | Months 7 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: Lincoln Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: XX
11. Industry or business: XX
MOTHER FATHER
12. Name: Jacob Mundy
13. Birthplace: New Jersey (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Hill
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. E. A. Parks
(b) Address: 221 North Maple Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: [illegible]
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 4-13-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 4 minute 05 P. M.
21. I hereby certify that I attended the deceased from ....., 1928, to 4-5 1948 that I last saw her alive on 4-5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Ischemia	1 mo
Due to: arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 26	
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) .....
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 .....
23. Signature: [illegible] (M. D. or other) M.D.
Address: Hannibal Mo Date signed 4-12-48

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

Signed N. 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.