S. No. 2
M—1/47
5-17-39

64
3
4

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13375

FILED APR 28 1948

Registration District No. 9

Primary Registration District No. 3043

Registrar's No. 138

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 715 Center 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. 715 Center 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Alberta Strode

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife Charles E. Strode

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

7. Birth date of deceased September 2, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	13	hr. min.

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

10. Usual occupation Housewife

11. Industry or business XX

FATHER
12. Name Jacob Glascock
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Hickman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Strode
(b) Address 2230 Chestnut, Hannibal Missouri

17. (a) Burial (b) Date thereof 4/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri

19. (a) 4-17-48 (b) Dr E M Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1948 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1947 to Apr 15 1948
that I last saw her alive on Apr 15 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 hrs
Due to Myocarditis	7
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 ()

23. Signature [signature] (M. D. or other)

Address Hannibal Mo Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

apr 16-48

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 John S. Hand, 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.