S. No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948
Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 16964
Registrar's No. 173

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 / 306 North Avenue
(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. 306 North Avenue 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Margaret Jane Roberts
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 2
6. (b) Name of husband or wife Alec Roberts
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 2, 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	18	..... hr. ..... min.

9. Birthplace Chain of Rocks, Lincoln County Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX

FATHER
12. Name No record 9
13. Birthplace No record 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret O'Neal
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Stout
(b) Address 306 North Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director H. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 5-21-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1948 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan. 5, 1948, to May 20, 1948
that I last saw her alive on May 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum and sigmoid colon with internal hemorrhage — Duration 2 yrs.
Due to .....
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 E. A. Porter B.Sc. Op. (M. D. or other)
Address 412 Center St. Hannibal, Mo. Date signed 5/21/48

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 Lyman H. Steele, Registered Apprentice No. 460, 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.