FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20140

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 206

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 HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 WK (Specify whether years, months, or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MARION 64

(c) City or town: HANNIBAL (If outside city or town limits, write "RURAL") 3

(d) Street No.: 1120 VALLEY ST (If rural, give location) 4

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

If yes, name country:

3. (a) PRINT FULL NAME: ROSANNA CHASE

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~~: MARRIED

6. (b) Name of husband or wife: WM

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

7. Birth date of deceased: OCTOBER (Month) 19 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
78	8	2	hr. min.

9. Birthplace: BEARDSTOWN (City, town, or county) ILL (State or foreign country) 1

10. Usual occupation: HOUSEWIFE

11. Industry or business:

FATHER 12. Name: VAN TORNE

13. Birthplace: (City, town, or county) ILL (State or foreign country) 1

MOTHER 14. Maiden name: UNKNOWN

15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: Ernest Chase

(b) Address: 1120 Valley St. - HANNIBAL MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation: GRANDVIEW BURIAL PARK

18. (a) Signature of funeral director: James O'Donnell

(b) Address: HANNIBAL, MO.

19. (a) 7-3-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JUNE day: 21 year: 1948 hour: 2:30 A minute: M.

21. I hereby certify that I attended the deceased from: Jan 1, 1948 to June 21, 1948 that I last saw her alive on June 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Cerebrovascular	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 5
Of autopsy: 5

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: 0

23. Signature: [illegible] (M. D. ~~or other~~)

Address: Hannibal Mo. Date signed: June 30 1948

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

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

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 Ernest W. Wilson, Registered Apprentice No. 490 working under my personal supervision.

Signed Raymond L. Harris

Licensed Embalmer No. 4330

P. O. Address ~~Map~~ Vandalia T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.