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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30386

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 302

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: 1424 Valley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1424 Valley St. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME ANNIE DUMBAULD
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 married
6. (b) Name of husband or wife George Dumbauld
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased September (Month) 7 (Day) 1872 (Year)

8. AGE: Years 76 Months 0 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Adams county (City, town, or county) Illinois (State or foreign country)
10. Usual occupation housewife
11. Industry or business --
FATHER
12. Name Frank Dietrich
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Kelter
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mr. George Dumbauld
(b) Address 1424 Valley, Hannibal, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg Cemetery
18. (a) Signature of funeral director Ray P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.
19. (a) 9-21-48 (Date received local registrar) (b) Dr. E. M. Luckey (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1948 hour 9 minute 30 p. M.
21. I hereby certify that I attended the deceased from Sept. 12, 1948 to Sept. 12, 1948 that I last saw her alive on Sept. 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	Minutes
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 946	

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature H B Norton (M. D. or other) MD
Address Hannibal Mo Date signed 9-18/48

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Paul Gilmore Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal 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.