

No. 300  
4-10-47  
7-5-17-39  
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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37373

FILED DEC 1 1948  
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 364

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

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3  
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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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion <sup>64</sup>

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL") <sup>3</sup>

(d) Street No. 403 North Sixth  
(If rural, give location) <sup>4</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Iva Mae West

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-18-6862

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23  
year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dofic West 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 21, 1907  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to bronchial pneumonia 4 days

Due to with pneumonia 16 mos.

8. AGE: Years Months Days If less than one day

|           |          |          |                |
|-----------|----------|----------|----------------|
| <u>41</u> | <u>7</u> | <u>2</u> | hr. _____ min. |
|-----------|----------|----------|----------------|

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Due to with pneumonia 16 mos.

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

10. Usual occupation Clerk

11. Industry or business Areage Dollar Store

12. Name Thomas E. Peirce

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

14. Maiden name Iva Mae Alexander

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

16. (a) Informant Dofic West

(b) Address 403 North Sixth Hannibal Missouri

17. (a) Burial (b) Date thereof 11/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 11-24-48 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none <sup>1/6 E</sup>

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. J. M... M.D. (M. D. or other) MA

Address Hannibal Mo. Date signed 11-24-48

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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

*H. 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.**