

REC'D JUL 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22413
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3029 Registered No. 188
 (c) City Hannibal (d) Street No. St Elizabeth Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles J McFfee
 (a) Residence, No. 1632 Fulton ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Chauffeur
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmira Mo

FATHER
 13. NAME Robert McFfee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Belle Garner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmira Mo

17. INFORMANT Mrs Lillian McFfee
 (ADDRESS) 1632 Fulton ave Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal Burial Park DATE 6/29 1938

19. FUNERAL DIRECTOR James O'Connell
 (ADDRESS) Hannibal Mo

20. FILED June 29 1938 W. J. Fisher
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27/38 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to June 27, 1938
 I last saw him alive on June 27, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Gun-shot wound of head
 Date of onset 167

Other contributory causes of importance:

Name of operation Clinical Date of No
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 6/27, 1938
 Where did injury occur? Hannibal, Marion Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) R. J. Murphy, M. D.
 (Address) Hannibal, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Michael J O'Donnell, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Michael J O'Donnell

Licensed Embalmer No. 3246

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.)