

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.

REC'D JUL 22 1938

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

22419

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547 5738
 (b) Township Marion Primary Registration District No. 3-079
 (c) City Hannibal (d) Street No. R. R. #1 Hannibal MO Registered No. 171
 (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

(a) Residence, No. R. R. #1 - Hannibal MO 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 Female
 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 Lester R. Luter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs, or min.
38 1 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.
 FATHER 13. NAME Richard Gordon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Mo.
 MOTHER 15. MAIDEN NAME Catherine Francis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.
 17. INFORMANT (ADDRESS) Lester R. Luter Hannibal, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE April 28, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Roy R. Schwartz Hannibal, Mo.
 20. FILED June 6, 1938 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938
 I HEREBY CERTIFY, That I attended deceased from July 1937, 19... to April 30, 1938.
 I last saw her alive on April 21, 1938. Death is said to have occurred on the date stated above, at 1:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 73
Chronic Arteritis
 Other contributory causes of importance
 Name of operation # Date of...
 What test confirmed diagnosis? X-ray Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19...
 Where did injury occur? (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) J. H. Franck, M. D.
 (Address) Hannibal Mo.

STATEMENT BY LICENSED EMBALMER

I, Cecil E. Schwartz, Licensed Embalmer No. 2336
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Cecil E. Schwartz
L. E.
No. 2336 or by —, Registered Apprentice No. —
working under my personal supervision.

Signed Cecil E. Schwartz
Licensed Embalmer No. 2336

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.)