

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 350

1. PLACE OF DEATH:

(a) County Marian
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours
(Specify whether years, months or days) Seventy years

8. (a) PRINT FULL NAME Anna M. Schnizlein

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 3 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Photographer

12. Name Leonard Schnizlein

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Killian

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

16. (a) Informant's own signature Earl W. Schmitz

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof Dec. 28, 1939
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation St. Oliver Cemetery

18. (a) Signature of funeral director Ray C. Schwartz

(b) Address Hannibal Missouri

19. (a) 12/28/39 (b) W. G. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marian
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 2521 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1939 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 25-30
_____, 19____, to Dec. 25, 19____;
that I last saw him alive on Dec. 25, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Dysrhythmia

Due to Hypertension 57

Due to _____

Other conditions 44 K
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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? _____

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

28. Signature W. G. Fisher (M. D. or other) _____
Address Hannibal Mo Date signed 12/28/39

50M-5-17-39 Rev. 5-17-39 1 X1951
 MARGIN RESERVED FOR BINDING
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Ray P. Schwartz, Registered Apprentice No:.....
working under my personal supervision.

Signed *Ray P. Schwartz*
Licensed Embalmer No. *17655*
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, above space should be left blank.