

Registration District No. 577

Primary Registration District No. 2079

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at Home 120 Buchanan St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community years, months or days) 11-6

3. (a) PRINT FULL NAME HANS CHRISTIAN MELCHERTSON

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Johanna Wolf
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased Sept 24 1848
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 4 23 hr. 1 min.

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

10. Usual occupation Freight Clerk (Retired)

11. Industry or business W. C. B. & P. Co.

12. Name Peter MELCHERTSON

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

14. Maiden name Christina (7)

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

16. (a) Informant's own signature Wm. Georgia M. Spulter

(b) Address 721 So. 7th St. Louisiana, Mo.

17. (a) Removal (b) Date thereof Feb - 20 - 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem. Louisiana Mo.

18. (a) Signature of funeral director H. Haley

(b) Address Louisiana, Mo.

19. (a) 2/27/40 (b) M. C. Fisher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
 (c) City or town Hannibal, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 120 Buchanan St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 72 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
 year 1940 hour 9 minutes 25 A. M.

21. I hereby certify that I attended the deceased from Feb. 10 - 40
~~Feb 17~~, 1940, to Feb. 17, 1940
 that I last saw him alive on Feb 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Myocardial degeneration
 Due to Smoking

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations A.C.

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 _____

23. Signature E. S. Salver (M. D. or other)!

Address Hannibal Mo. Date signed _____

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.....

George O. Hagner, Registered Apprentice No.....
working under my personal supervision.

Signed *George O. Hagner*.....

Licensed Embalmer No. *2793*.....

P. O. Address *Louisiana, 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.