

11665

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED APR 23 1940

Registration District No. 347

Primary Registration District No. 3029

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 Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Hours (Specify whether
 years, months or days)
 In this community _____

3. (a) PRINT FULL NAME Robert Bradley Elgin 425

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Cora E. Richmond Elgin 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased September 26, 1860
(Month) (Day) (Year)8. AGE: Years / Months Days If less than one day
79 / 5 / 18 hr. _____ min.9. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Bricklayer

11. Industry or business _____

12. Name Joseph Franklin Elgin18. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Rebecca Ann Grimshaw
(City, town, or county) (State or foreign country)15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Robert Earl Elgin(b) Address 1913 Chestnut17. (a) Burial (b) Date thereof 3/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olivet Cemetery18. (a) Signature of funeral director Crawford Smith(b) Address 902 Broadway Hannibal Mo.19. (a) Mar. 16 1940 (b) W. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 206 South Arch
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1940 hour 3 minute 30 P. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Suicide by shooting self through head with 22 Pistol

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence 3/14/40(c) Where did injury occur? Hannibal, Marion Co. Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) Church Public PlaceWhile at work? _____ (e) Means of injury Gunshot23. Signature W. Fisher (M. D. or other) _____Address Hannibal Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
1 X1931

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Joseph J. Marsh
Licensed Embalmer No. 3932

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, above space should be left blank.