

Registration District No. 547Primary Registration District No. 3029Registrar's No. 92

1. PLACE OF DEATH:

- (a) County Marion
 (b) City or town Hannibal
 (c) Name of hospital or institution: R. P. Fullmer 3
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

In this community _____
years, months or days3. (a) PRINT FULL NAME Sam Handelman 534

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 Married
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4 1896
 (Month) (Day) (Year)

8. AGE: Years 47 43 Months 8 Days 4 If less than one day hr. _____ min. _____9. Birthplace _____ (City, town, or county) Mo Mo (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER
 12. Name UNKNOWN 9
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Handelman(b) Address 6430 Almansa Clayton Mo17. (a) Burial (b) Date thereof March 10-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Louis Mo18. (a) Signature of funeral director James O. ...(b) Address ...19. (a) 3-14-40 (b) H. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St Louis
 (c) City or town Hannibal Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Depart 6430 Almansa
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1940 hour _____ minute 9:20 A. M.21. I hereby certify that I attended the deceased from 2, 19____, to 2, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to 4 1/2

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations Cancer

Of autopsy _____

22. If death was due to external causes, fill in the following: 2

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 2
 (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)

(a) Means of injury ...23. Signature C. P. ...
Address 516 Broadway Hannibal Mo

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 Michael G. Offenberg

Licensed Embalmer No. 3246

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11681

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 597

Primary Registration District No. 3029

Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Sam Handelman

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased 7 4 1996
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 4 If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 10, 1940 (b) E. M. Burke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1940 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 C. P. Armstrong (M. D. of other) _____

Address Hannibal _____

11681 (1940)