

11701

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

State File No. _____

REGISTRATION DISTRICT NO. 547Primary Registration District No. 3029-57.4Registrar's No. 116

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town near Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Masonic Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 yrs
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME John Hardy 630
 8. (b) If veteran name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color of race bol 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased (Month) (Day) (Year) 1884

8. AGE: Years about 86 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Minister

11. Industry or business _____

12. Name no record

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

14. Maiden name no _____ (City, town, or county) (State or foreign country)

15. Birthplace no _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm McHershel

(b) Address Masonic Home

17. (a) Burial (b) Date thereof 3 20 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Lagan

18. (a) Signature of funeral director Geo E. Roberts

(b) Address Hannibal Mo

19. (a) Mar 20 1940 (b) W.D. Fisher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
 year 1940 hour 10 minutes 30 A. M.

21. I hereby certify that I attended the deceased from 1/1/40
 _____, 19____ to 3/17/40, 19____
 that I last saw _____ alive on 3/17/40, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Sensitivity to Prontosil plates Duration _____
 Due to _____

Due to _____
 Other conditions (include pregnancy within 3 months of death) 1701

Major findings: Of operations _____
 Of autopsy _____
 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 W.D. Fisher (M. D. or other) _____
 Address Hannibal Mo Date signed 3/17/40

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.