

No. 2
1-10-39
17419
X21482

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29088

Registration District No. 547 Primary Registration District No. 3079 Registrar's No. 237

1. PLACE OF DEATH:
(a) County. Marion
(b) City or town. Hannibal
(c) Name of hospital or institution: Fulton Ave. - Culvert 2
(d) Length of stay: In hospital or institution
In this community.

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Marion
(c) City or town. Hannibal
(d) Street No. 610 Fulton Ave.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Barbara Jean Harrell 646
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 5 year 1940 hour 12:40 P. M.

4. Sex. Female 5. Color or 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. 17 years
7. Birth date of deceased. Aug. 17 1937

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 11 Days 12 If less than one day hr. min.
9. Birthplace. Hannibal Missouri

Immediate cause of death. Death was caused from Drowning
Due to. Due to. Other conditions. (Include pregnancy within 3 months of death)

10. Usual occupation. 11. Industry or business. 12. Name. George Harrell
13. Birthplace. Hannibal Missouri
14. Maiden name. Edith Clayvell
15. Birthplace. Missouri

Major findings: Of operations. Of autopsy. Underline the cause to which death should be charged statistically.

16. (a) Informant. George Harrell (b) Address. 610 Fulton Ave.
17. (a) Burial (b) Date thereof. Aug 8 40
(c) Place: burial or cremation. Olivet Cemetery
18. (a) Signature of funeral director. (b) Address. Hannibal Missouri
19. (a) (b) (c) W. C. Fisher

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify). Accident
(b) Date of occurrence. Aug 5, 1940
(c) Where did injury occur? Mississippi River
(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. Clyde C. Wilkey (Carver)
Address. Perry, Mo. R.R. Co. Date signed 8/7/40

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

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 _____

Ralph Clark

Registered Apprentice No. *242*

working under my personal supervision.

Signed *Harold C. Howell*

Licensed Embalmer No. *3889*

P. O. Address *Stannard, Ma*

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.