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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29091

Registration District No. 247

Primary Registration District No. 30 29

Registrar's No. 256

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(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. 902 Center
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Sarah Wand 530
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 26
year 1940 hour 6 minute 15 P.M.

4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Wand
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 1862

21. I hereby certify that I attended the deceased from July 29 1940 to Aug 26 1940
that I last saw him alive on Aug 26 1940
and that death occurred on the date and hour stated above.
Immediate cause of death: Aneurysm Heart Disease

8. AGE: Years 77 Months Days If less than one day hr. min. 9
9. Birthplace Unknown (City, town, or county) (State or foreign country)

Due to Atherosclerosis and Hypertension about 3 yrs.
Due to Cerebral Hemorrhage 2 mo
Other conditions (Include pregnancy within 3 months of death) 45 1/2

10. Usual occupation XX
11. Industry or business XX
12. Name Elisha Selby
13. Birthplace Unknown
14. Maiden name Charity Bahar
15. Birthplace Unknown

Major findings: Of operations none
Of autopsy none
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alvina Stehman, Sect
(b) Address 902 Center
17. (a) Burial (b) Date thereof Aug 28, 1940
(c) Place: burial or cremation Clarence M. Smith

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway
19. (a) Aug 27 1940 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Dultman (M. D. or)
Address Hannibal Mo Date signed 8/27/40

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.....
....., 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.