

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 258

FILED OCT 18 1940

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: Levering Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

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. 608 Center
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Jane Yvonne Tribble

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1940 hour 2 minute 20A.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 _____ years

7. Birth date of deceased: August 28, 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 25, 1940 to Aug 28, 1940;
that I last saw him alive on Aug 28, 1940, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

X X X 15 hr. _____ min.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to 159

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

9. Birthplace: Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XX 0

11. Industry or business XX 0

MOTHER FATHER

12. Name Sandford M. Tribble 0

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

14. Maiden name Mildred Childs

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sandford M. Tribble

(b) Address 608 Center

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

(a) Accident, suicide, or homicide (specify) suicide

(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? 1100

17. (a) Burial (b) Date thereof 8/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Grandview Burial

(b) Address 902 Broadway Hannibal

19. (a) 9-5-40 (b) J. C. Straker
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Straker (M. D. or other) _____
Address Hannibal Mo Date signed _____

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.