

3. No. 2  
-11-10-39  
5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32533

State File No.

Registrar's No.

Registration District No. 277

Primary Registration District No. 3079

261

**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:  
2340 MARKET ST.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether)  
 In this community \_\_\_\_\_  
 years, months or days)

**3. (a) PRINT FULL NAME** Sarah True  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or William 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April, 6, 1860  
(Month) (Day) (Year)

**8. AGE:** Years 80 Months 5 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rolls County, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 { 12. Name Alonzo Leonard  
 13. Birthplace Rolls County, MO  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Leonard  
 15. Birthplace Wyo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. McQueen  
 (b) Address 2340 MARKET, Hannibal, MO

17. (a) Burial (b) Date thereof Sept. 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hope Cen.

18. (a) Signature of funeral director James O'Connell  
 (b) Address Hannibal, Mo

19. (a) G. L. W. (b) M. C. Rescher  
(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. 2340 Market  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 3rd year 1940 hour 6:30 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Sept. 1936 to Sept. 3, 1940  
 that I last saw her alive on Sept. 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
Duration 5 yrs

Due to 45 yrs

Due to Functional Heart Disease  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 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 E. R. Masteyma (M. D. or other) \_\_\_\_\_  
 Address Hannibal, Mo. Date signed 9/6-40

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

*Michael J. O'Connell*

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.**