

DEC 17 1940

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **323**

1. PLACE OF DEATH:

(a) County Maxion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
522 E. Terrace.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maxion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 522 E Terrace Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Ozie Bell Yeberhaupt

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 wife Andrew 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 20 1897
 (Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name James McClain

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

14. Maiden name Susie Epperly

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

16. (a) Informant Robert Yeberhaupt

(b) Address 522 E Terrace Hannibal, Mo

17. (a) Burial (b) Date thereof Nov 5 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hope Cem.

18. (a) Signature of funeral director James Adkinson

(b) Address Hannibal, Mo

19. (a) Nov 19 40 (b) J. C. Fisher
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd
 year 1940 hour _____ minute 10:40 P. M.

21. I hereby certify that I attended the deceased from June 1 1940 to Nov 3rd 1940
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
Primary Carcinoma of esophagus
chronic ulcer
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
multiple metastases
 Major findings:
 Of operations none
 Of autopsy none

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 J. H. Repburn (Date signed 11/19/40)
 Address 100 N. 3rd Hannibal, Mo

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. Kinnell*

Licensed Embalmer No. *3246*

P. O. Address *Ann Arbor - MI*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.