

No. 2
4-13-40
5-17-39
I X23159

FEB 17 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3412**

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Hannibal**

(c) Name of hospital or institution **1506 Paris Ave**
(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. 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. **1506 Paris**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **John Edward Josen**

3. (b) If veteran, name war _____

3. (c) Social Security No. **470-07-8169**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27** year **1940** hour _____ minute **3:45** P.M.

21. I hereby certify that I attended the deceased from **Dec 22**, 19**40**, to **Dec 27**, 19**40**, that I last saw him alive on **Dec 27**, 19**40**, and that death occurred on the date and hour stated above.

4. Sex **Male**

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 **July 15, 1885**
(Month) (Day) (Year)

Immediate cause of death **Cancer of Lung**

Due to _____

Due to **478**

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

8. AGE: Years **55** Months **5** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Quincy Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stone Maulder**

11. Industry or business **Duffy - Ironbridge Stone Co**

12. Name **Richard M. Josen**

13. Birthplace **Malone N.Y**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Neary**

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

16. (a) Informant **Lanetta Koch**

(b) Address **1506 Paris, Hannibal Mo**

17. (a) **Burial** (b) Date thereof **Dec 30, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Starview Burial Park**

18. (a) Signature of funeral director **James Allmace**

(b) Address **Hannibal Mo**

19. (a) **Jan 1, 1941** (b) **W C Fisher**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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? **CUU**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Harry L. Brown** (M. D. or other) _____

Address **100 N 11th Hannibal** Date signed **1/29/40**

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. Powell*
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, fact should be so stated above.