

S. No. 2  
-11-10-39  
5-17-39  
-1-1-39

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11772

BUREAU OF THE CENSUS  
**APR 15 1941**

Registration District No. 728

Primary Registration District No. 5961

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town R#4 Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R#4 Hannibal  
(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 Ralls  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#4 Hannibal  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Martha Lena Tapley

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 Married

6. (b) Name of husband or wife Clark 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased November 29 1917  
(Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

12. Name John Robbins

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

14. Maiden name Rose Sander

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

16. (a) Informant Clark W Tapley

(b) Address R#4 Hannibal

17. (a) Burial (b) Date thereof July 23 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flint Hill

18. (a) Signature of funeral director [Signature]

(b) Address Hannibal Missouri

19. (a) July 31/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1940 hour 10<sup>50</sup> P. Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 3  
1940 to July 21, 1940  
that I last saw her alive on July 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
Due to of both lungs

Due to unknown  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

Duration

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?  
655 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) Dr  
Address [Address] Date signed 7-22-41

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

87  
0

66-71-6  
0021X  
RECEIVED  
KODAK

RECEIVED

District Health Officer No. 10

District File Number 4-41-732

Date Filed APR 10 1941

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.....

*Ralph W. Clark*

....., Registered Apprentice No. 242

working under my personal supervision.

Signed *Harold M. Blount*

Licensed Embalmer No. 3889

P. O. Address *Shannon, 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.

Registration District No. 728

Primary Registration District No. 2961

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Ralls  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Lena Tapley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month July day 21  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

7. Birth date of deceased (Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
23 7 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

10. Usual occupation Housewife  
11. Industry or business Don't know

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

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? \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Specify type of place)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 6-9-1941 (b) Morris Shortt  
(Date received local registrar) (Registrar's signature)

23. Signature C. H. Brock (M. D. or other)  
Address Center Mo Date signed \_\_\_\_\_

SUPPLEMENTARY

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

11772

No. 2  
-1-4-41  
P. 17 20

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**