

REGISTRATION DISTRICT NO. 1044-47

Primary Registration District No. 3029

Registrar's No. 223

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:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hannibal R. F. D. #2
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 12:30 P. M. 1 M.

21. I hereby certify that I attended the deceased from 1 1941 to July 23 1941
that I last saw him alive on July 23 1941
and that death occurred on the day and hour stated above.

Immediate cause of death Chc nephrit

Due to 15/10
Due to Chc myocardi

Other conditions Chc myocardi
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Joseph Schneider

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased Feb 27 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Schneider

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

14. Maiden name Frances Terwishe

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

16. (a) Informant A. E. Rupp

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 7 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Par

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo.

19. (a) July 28, 1941 (b) W. C. Fisher
(Date received by local registrar) (Registrar's signature)

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

MOTHER FATHER

0-4
5
3

207
11-4/01

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.....

Harold O'Connell

Licensed Embalmer No.....

3889

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.