

S. No. 2  
1-14-41  
7-5-17-39  
X28390

32006

DEPARTMENT OF COMMERCE  
OFFICE OF THE REGISTRAR  
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 243

Registration District No. 547

Primary Registration District No. 5738

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: Residence R.F.D.# 1  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 064  
(c) City or town Hannibal 0  
(d) Street No. R.F.D.# 1 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Mary Ellen Gibbons  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 11 year 1941 hour 7 minute 20 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 16, 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Aug. 10 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Failure 370

8. AGE: Years Months Days If less than one day  
82 7 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Arterio-sclerosis 107-  
Hypertension 207-

9. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Tatman  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Keith  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Kolb  
(b) Address R.F.D.# 11 Hannibal

17. (a) Burial (b) Date thereof 8/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hydesburg

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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
(b) Address 902 Broadway Hannibal

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or \_\_\_\_\_)  
Address [Address] Date signed 9/1/41

19. (a) Sept. 2, 1941 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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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.

*Crawford Smith*

Licensed Embalmer No. ~~XXXX~~ 3814

P. O. Address..... Hannibal Missouri.....

**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.**