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K23159

FILED DEC 4 1941
Registration District No. **347**

Primary Registration District No. **3079**

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: Levering Hospital (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. 306 Center Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edwin Garrard McMaster

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

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 March 11, 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 28 hr. min.

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

10. Usual occupation XX

11. Industry or business _____

12. Name Samuel H. K. McMaster

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

14. Maiden name Ann Elizabeth Garrard

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

16. (a) Informant P. M. Fisher
(b) Address 302 E Hannibal Missouri

17. (a) Burial (b) Date thereof 11/11/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director Teravord Smith
(b) Address 902 Broadway

19. (a) Nov 13 41 (b) H. C. Fisher (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November year 1941 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 2 1941 to Nov 9 1941 that I last saw him alive on Nov 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Thrombotic Coronary Arteriosclerosis Duration 5 yrs

Due to _____

Due to _____

Other conditions Age 81 (Include pregnancy within months of death)

Major findings: 1316
Of operations _____

Of autopsy _____

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 D

23. Signature H. C. Fisher (M. D. or other) M. D.
Address Hannibal Mo Date signed 11-12-41

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

MOTHER FATHER

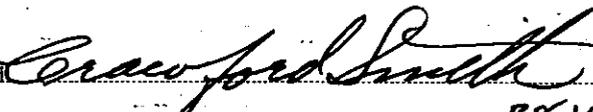
STATEMENT BY LICENSED EMBALMER

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. ~~3814~~ 3814

P. O. Address Hannibal Missouri

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, fact should be so stated above.