

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Mark Twain
Beneath and north of west end bridge
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 220 1/2 Broadway
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour btw. 6:30 & 10:00 A.M.

21. I hereby certify that I attended the deceased from _____
19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death injuries received
from 50 to 70 foot fall to which
there were no witnesses.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, ~~murder~~ not determinable
(b) Date of occurrence April 21, 1942
(c) Where did injury occur? Hannibal, Marion, Missouri
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place Mark Twain bridge
While at work? No Means of injury fall

23. Signature Campbell Smith
Address Hannibal, Mo. Date signed 4-22-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Victor E. Menzel

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 Married

6. (b) Name of husband or wife Margaret Mary 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October 25, 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Proprietor

11. Industry or business Menzel Candy Shop

MOTHER FATHER { 12. Name Emil J. Menzel
13. Birthplace Germany
14. Maiden name Josephine Rebstock
15. Birthplace Germany

16. (a) Informant Mrs. Margaret Menzel

(b) Address 220 Broadway

17. (a) Burial (b) Date thereof 4/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Campbell Smith

(b) Address 902 Broadway Hannibal

19. (a) 4/24/42 (b) R. W. Connor
(Date received by registrar) (Registrar's signature)

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

4
3
4

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.....

James A. Moles

Licensed Embalmer No..... 3296.....

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.