

S. No. 2
4-13-40
7-5-13-30
I 22959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21747

FILED JUL 13 1942

State File No. _____

Registration District No. 549

Primary Registration District No. 50739

Registrar's No. 161

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: R.P. #3
(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 MO (b) County Marion 64
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R#3 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Josephine

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 FRANK 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 1, 1910
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harry S. Sitzer

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

14. Maiden name Unknown

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

16. (a) Informant Frank Quinn

(b) Address R. #3 Hannibal MO

17. (a) Burial (b) Date thereof June 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berkley Cem. Hannibal

18. (a) Signature of funeral director Frank Quinn

(b) Address Hannibal MO

19. (a) 6-20-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour _____ minute 15 M.

21. I hereby certify that I attended the deceased from 5-9, 1942 to 6-2, 1942
that I last saw him alive on 5-25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Disease

Due to Rheumatism?

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank Quinn (M. D. or other) _____

Address Hannibal MO Date signed 6-25-42

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

54000

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..... *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address..... *Danville, 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.