

FILED OCT 22 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 220

1. PLACE OF DEATH:

(a) County. Marion
(b) City or town. Hannibal
(c) Name of hospital or institution: Leveering Hospital
(If outside city or town limits, write "RURAL" and name of township)
(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
(c) City or town. Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 9th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Guo Lasley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1942 hour 10 minute 15 AM
21. I hereby certify that I attended the deceased from 8-26-42 to 8-26-42
that I last saw him alive on 8-26-42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
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 _____
(Month) (Day) (Year)

Immediate cause of death _____
Pneumonia
Patent was consulted at time I first saw him & discontinued so till death
Due to _____
Duration _____

8. AGE: Years 63 Months _____ Days _____
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
109!
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Anna Lasley

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

14. Maiden name Annanda Lasley

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

16. (a) Informant Anna Lasley

(b) Address 1208 North Ave

17. (a) _____ (b) Date thereof 9-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Robinson Linn Guo & Robert

(b) Address Hannibal

19. (a) 9-3-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature W. P. Diney (M. D. or D. O. M. D.)
Address Hannibal Mo Date signed 9-1-42

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

64
3
4

#10

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 Guo Z Roberts
Licensed Embalmer No. 2113
P. O. Address Harribal MD

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.