

FILED DEC 17 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal Mo.
(c) Name of hospital or institution Levee Hospital
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal Mo.
(d) Street No. 220 Webb St
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-13-42 to 9-15-42, 1942
that I last saw him alive on 9-15-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to (Level few minutes)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 159
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. A. O'Leary (M. D., Registrar)
Date signed 9-18-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Baby Brown
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 O

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

7. Birth date of deceased Sept 15 1942
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Hurley R. Brown

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

14. Maiden name Sylvia De Vogue, Ill.

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

16. (a) Informant Hurley R. Brown
(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 9-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flight Hall Cemetery

18. (a) Signature of funeral director J. A. O'Leary
(b) Address Hannibal Mo.

19. (a) 10/20/42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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

64
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 C. Donnell*

Licensed Embalmer No. *2022*

P. O. Address..... *Hennel m*

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.