S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10837

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 29

64
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: ST Elizabeth O 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 Mo (b) County Ralls 8 O

(c) City or town Ilasco O
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Donald Joseph Golian

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 May (Month) 25 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
—	7	30	— hr. — min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Andrew Golian
13. Birthplace — — (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Angeline Vrubel
15. Birthplace — — (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Andrew Golian

(b) Address Ilasco Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26-43 (Month) (Day) (Year)

(c) Place: burial or cremation ST Mary Cem.

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) 2-1-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1943 hour — minute 10.45 a M.

21. I hereby certify that I attended the deceased from Dec 1942 to Jan 24 1943 that I last saw him alive on Jan 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aplastic Anemia	
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address 1001 Bdy Hannibal Mo Date signed [illegible]

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(Licensed Embalmer's Statement on Reverse Side)

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'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.