

FILED JUL 12 1943

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 612 Butler St Specify whether
years, months or days

3. (a) PRINT FULL NAME Marshall Juckett

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name West Juckett

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

14. Maiden name Anna Offord

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

16. (a) Informant Mrs. Clay Smith

(b) Address 612 Butler St

17. (a) Burial (b) Date thereof 6-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cem.

18. (a) Signature of funeral director Geo. E. Roberts

(b) Address Hannibal Mo

19. (a) 6-1-43 (b) R. W. Connor
(Date reported to local registrar) (Registrar's signature)

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. 612 Butler
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29
year 1943 hour 11 minute 30

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 Died without medical attention

Due to Cardio-renal condition

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy _____

Duration

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 R. W. Connor (M. D. or other) MD

Address Hannibal Mo Date signed 6-1-43

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

64
43

1146

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 *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal*

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.