U. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21963

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 142

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED:
(a) State: Illinois (b) County: Pike 999 11 0
(c) City or town: Barry
(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: 2

3. (a) PRINT FULL NAME: Larry Main
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: August 22, 1940 (Month) (Day) (Year)

8. AGE: Years 2 | Months 8 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Barry Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER 12. Name: Joseph Main
FATHER 13. Birthplace: New Canton Illinois (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name: Florence Winner
MOTHER 15. Birthplace: New Canton Illinois (City, town, or county) / (State or foreign country)
16. (a) Informant: Mrs. Florence Main
(b) Address: Barry Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Shearer Cemetery New Canton Illinois
18. (a) Signature of funeral director: Wm. M. Smith
(b) Address: 902 Broadway Hannibal
19. (a) 5-22-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1943 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 5-10, 1943, to 5-20, 1943, that I last saw him alive on 5-20, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Agranulocytic Leukemia	about 3 wks
Due to: Hemolytic Streptococcus Septicemia	about 3 wks
Due to: Bilateral Otitis Media	8 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: NA	
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: T. C. Dittman (M. D. or other) MD
Address: Hannibal Missouri Date signed 5/21/43

1146 (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 George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm G. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.