

FILED JUL 12 1943

Registration District No. 509

Primary Registration District No. 3042

Registrar's No. 166

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

1. PLACE OF DEATH:

(a) County Maxion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 46 St Elizabeth
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Maxion
(c) City or town Dakwood
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 46
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel R. Michaels

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 March 27 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 | 2 | 12 hr. min.

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

10. Usual occupation laborer

11. Industry or business

12. Name John Michaels

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

14. Maiden name Clara V. Coy

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

16. (a) Informant John Michaels
(b) Address Highway 46, Dakwood, MO

17. (a) Burial (b) Date thereof June 7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James O'Connor
(b) Address Hannibal, MO
19. (a) 6-8-43 (b) R W Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour minute 8:25 P.M.

21. I hereby certify that I attended the deceased from May 31 1943 to June 4 1943
that I last saw him alive on June 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus
Duration 6 or 7 days

Due to Punctured wound of foot

Due to

Other conditions (Include pregnancy within 3 months of death) 1952

Major findings: Of operations 1999
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) Nail in foot
(b) Date of occurrence May 26-43
(c) Where did injury occur? Don't know
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) (e) Means of injury nail

23. Signature Samuel R. Michaels (M. D.)
Address Hannibal MO Date signed 6/8/43

1144

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'Rourke*.....

Licensed Embalmer No. *2246*.....

P.O. Address *Stamford, Mo.*.....

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.