

V. S. No. 2
50M-5-42
Rev. 5-17-35
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28783

State File No. _____

FILED AUG 20 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 203

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:
Market Street Heights
(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 Missouri (b) County Marion

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

(d) Street No. 605 South Hayden
(If rural, give location)

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

3. (a) PRINT FULL NAME John Thomas Saxbury Jr.

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 9, 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10 2 11 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John Thomas Saxbury

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

14. Maiden name Edith Salsman

15. Birthplace Mountain View Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr John Saxbury

(b) Address 605 South Hayden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) July 21, 1943 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour About 5: minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Fractured Skull
Due to 60 foot fall.

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

1860
39

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) Accident 164

(b) Date of occurrence July 20, 1943

(c) Where did injury occur? Market Street Heights
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? _____ (e) Means of injury Fall

23. Signature Wm M Smith (M.D. or D.D.S.)
Address 902 Broadway Hannibal Date signed 7/21/43

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

1434

1126

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 M. 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.