

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 216

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:
Levering 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) (Specify whether

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. 2520 Pleasant
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 27, 1943 to July 27, 1943
that I last saw her live on July 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction Duration 2 days

Due to: pelvis adhesions

Due to: previous operation

Other conditions (Include pregnancy within 3 months of death) 12 2 1/2

Major findings: Volubles of intestines
Of operations: about band of adhesions
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) no
(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 no

23. Signature: R. N. Connor (M. D. or other) _____
Address Hannibal, Mo. Date signed _____

3. (a) PRINT FULL NAME Hazel May Munson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles R. Munson 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: January 21, 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace: Quincy Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name Charles Gartner

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

14. Maiden name Emma Schwartz

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

16. (a) Informant Charles R. Munson

(b) Address 2520 Pleasant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

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

(b) Address 902 Broadway Hannibal Missouri

19. (a) 8-2-43 (Date received local registrar) (b) R. N. Connor (Registrar's signature)

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

STATEMENT BY LICENSED EMBALMER

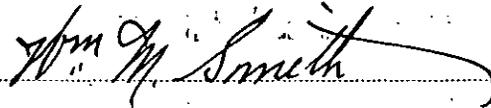
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George T. Bond

Registered Apprentice No. 305

working under my personal supervision.

Signed.....



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.