

Registration District No. 12-1844

Primary Registration District No. 3043

Registrar's No. 377

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: 1201 Ledford  
(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 64  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 1201 Ledford  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME

Alexander Amburn

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

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 9 3 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Alexander Amburn

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

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Shanks

(b) Address 709 Bridge Hannibal

17. (a) Burial (b) Date thereof 12-15-43  
(Burial, cremation, or removal) (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) 12-13-43 (b) R H Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13  
year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1-1940  
to Dec 12-1943  
that I last saw him alive on Dec 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Valvular Disease of Heart

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0  
23. Signature W P Siquoy (M. D. or other) M D  
Address Hannibal Mo Date signed 12-13-43

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

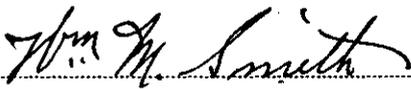
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**STATEMENT BY LICENSED EMBALMER**

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.....  .....

Licensed Embalmer No. ~~902~~ 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.**