

FILED DEC 17 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 329

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

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: Leveering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months (Specify whether 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. 1500 Grace St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Golda Lee Vestal

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-22-5396

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Chie Vestal 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased June 25 1915  
(Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Washed in Fitting Room

11. Industry or business International Shoe Co.

12. Name Bruce Clark  
13. Birthplace Knox City Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Chie Parrish  
15. Birthplace Edina Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Chie Vestal  
(b) Address 1500 Grace St., Hannibal, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Hannibal cemetery near Edina

18. (a) Signature of funeral director Ray P. Schifano  
(b) Address 1000 Olive St., Hannibal, Mo.  
19. (a) 11-1-43 (Date received local registrar) (b) RW Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1943 hour 3 minute 10 P.M.  
21. I hereby certify that I attended the deceased from 20 m. - Oct 30 - 1943 to 3 pm Oct 30 1943  
that I last saw him alive on Oct 30 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Peripheral Circulatory Collapse & Shock  
Due to Brain Hemorrhage - about 7 Days  
Due to Incomplete Abortion 7-10 Days

Duration

1 Day

7-10 Days

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

Major findings: Incomplete abortion  
Of operations \_\_\_\_\_  
Of autopsy 1412

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. A. Butzmen (M. D. or other) MD  
Address Hannibal, Mo. Date signed 11/4/43

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Roy P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address *1001 Edway, Hamstead*

**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.**