

FILED APR 20 1944

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 105

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 25 yrs.
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. 2219 Woodson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Boyd Richard Bachtel Corbin

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 19
 year 1944 hour 4 minute 10 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

21. I hereby certify that I attended the deceased from March 15 1944 to March 19 1944
 that I last saw him alive on March 18 1944
 and that death occurred on the date and hour stated above.

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

Immediate cause of death Cardio-vascular Resul
Distress

7. Birth date of deceased.....
 (Month) May (Day) 8 (Year) 1960

Due to.....
 Due to.....

8. AGE: Years 83 Months 10 Days 11 If less than one day hr. min.

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

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

10. Usual occupation Sta. Engineer (retired)

PHYSICIAN
 Major findings:
 .. Of operations..... 1310
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name Nelson Bachtel
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Sherman
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Corley
 (b) Address 716 Lyon St.

17. (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Macon, Mo (Oakland Cem.)

18. (a) Signature of funeral director Ray P. Schwartz
 (b) Address 1600 Broadway

19. (a) 3-22-44 (b) RH Connor
(Data received local registrar) (Registrar's signature)

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

23. Signature JH Hancock (M. D. or dentist)
Hannibal Mo Date signed 3-22-44
 Address.....

1146

2147

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. *1565*

P. O. Address. *1000 Broadway*

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.