

FILED JAN 16 1945

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 380

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

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4

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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether 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")

(d) Street No. 1219 Center 4
(If rural, give location)

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

3. (a) PRINT FULL NAME William E. Lionberger

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Fanny 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 22, 1944 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Parts Worker

11. Industry or business Lionberger Salvage Company

12. Name Alfred Lionberger

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

14. Maiden name Margaret Green

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

16. (a) Informant LaMarr Lionberger

(b) Address 401 Grand Hannibal Mo

17. (a) Burial (b) Date thereof 12/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

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

(b) Address 902 Broadway Hannibal Mo

19. (a) 12-4-44 (b) P. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 10 -
1944 to Nov. 30 1944
that I last saw him alive on Nov. 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia 5 weeks
Duration _____

Due to _____
Due to _____

Other conditions Acute Nephritis 5 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 742

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)
(c) Means of injury _____

23. Signature G R Motley (M. D. _____)
Address Hannibal, Mo. Date signed 12/1-44

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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 George T. Bond
Licensed Embalmer No. 4373
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.