V. S. No. 2
00M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13977

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 64

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: 711 Ben Lomond St (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
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 711 Ben Lomond (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Joseph W. Tankard
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male
5. ~~Color or~~ race White
6. (a) ~~Single~~, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Iva
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 5 (Day) 1870 (Year)

8. AGE: Years 74 Months 10 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace London (City, town, or county) England (State or foreign country)
10. Usual occupation Retired R.R. Engineer
11. Industry or business C.B.-Q. RR
FATHER
12. Name Joseph T. Tankard
13. Birthplace London (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) — (State or foreign country)
16. (a) Informant Mrs Iva Tankard
(b) Address Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal
19. (a) 3/3/45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1945 hour 4 minute 30 A M.
21. I hereby certify that I attended the deceased from Oct 1, 1943, to Feb 24, 1945; that I last saw him alive on Feb 10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	3 yr.
Due to: Coronary arteriosclerosis	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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) .....
(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 H B Norton (M. D. ~~[illegible]~~)
Address Hannibal Date signed 2/27/45

1144

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hamilton

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.