

No. 2
M-5-43
7-39
X36671

FILED DEC 28 1945

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 350

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: Loring 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 _____ 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. 324, Mark Twain Ave. ⁴
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Clyde William Gresham

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November ¹⁷
year 1945 hour _____ minute 12⁰⁰ PM

21. I hereby certify that I attended the deceased from 11-17, 1945 to 11-17, 1945 that I last saw him alive on 11-17, 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 27 1929
(Month) (Day) (Year)

Immediate cause of death Fracture of Skull
Cerebral concussion

Due to accident

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>5</u>	<u>21</u>	hr. _____ min.

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Oscar Gresham

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

14. Maiden name Effie Williams

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

16. (a) Informant Oscar Gresham
(b) Address Hannibal, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-45
(Month) (Day) (Year)

(c) Place: burial or cremation Rockport, Ill.

18. (a) Signature of funeral director Joe O'Rourke
(b) Address Hannibal, Missouri

19. (a) 11-20-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-17-45

(c) Where did injury occur? Highway Pike Ill 136
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway

While at work? no (Specify type of place) (e) Means of injury truck by auto

23. Signature Dr. H. S. ... (M. D. or other) ¹¹⁻¹⁹⁻⁴⁵
Address Hannibal Mo Date signed _____

VERDICT OF JURY

BY BEING STRUCK BY CAR
ON U.S. HIGHWAY NO-36.
ABOUT TWO MILES WEST
OF BARRY, ILL. THE
DRIVER OF SAID CAR IS
UNKNOWN TO THIS JURY.

James O'Donnell

JAMES O'DONNELL
CORONER OF MARION
COUNTY

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.....

J. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address. *Linnibal, 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.