

S. No. 2  
M-5-43  
5-17-39  
I X36871

DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **24313**  
Registrar's No. **231**

Registration District No. **209** Primary Registration District No. **3043**

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

1. PLACE OF DEATH:  
(a) County **Marion**  
(b) City or town **Hannibal mo**  
(c) Name of hospital or institution: **1237 Center!**  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Marion Co**  
(c) City or town **Hannibal**  
(d) Street No. **1237 Center St**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Robt. H. Neggs**  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** S. Color **Regd**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Manning**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **11 23 79**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **6** day **26** year **46** hour **9** minute **30 PM**  
21. I hereby certify that I attended the deceased from **June 26**, 19**46**, to **June 26**, 19**46**  
that I last saw him alive on **June 26**, 19**46** and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **7** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Cerebral Thrombosis**  
Due to **Cerebral Hemorrhage**  
Due to \_\_\_\_\_

9. Birthplace **Union City Tenn!**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Cook**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **John Neggs**  
13. Birthplace **Union City Tenn!**  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **g30**

16. (a) Informant **Mrs. Marguerite Neggs**  
(b) Address **1237 Center St**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6 29 46**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Robinson Cem.**  
18. (a) Signature of funeral director **Geo. E. Roberts**  
(b) Address **Hannibal Mo**  
19. (a) **7-8-46** (Date received local registrar) (b) **R. E. M. Tucker** (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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **R. E. M. Tucker** (M.D. or coroner)  
Address **Hannibal Mo** Date signed **7-5-46**

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

*Geo G Roberts*

Licensed Embalmer No. 2113

P. O. Address Hannibal Mo

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.