S. No. 2
M—5-43
v. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34161
State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 323

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: St. Elizabeth Hospital
(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

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. 930 Lindell Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME John R. League
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 Katie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 1 (Day) 1872 (Year)
8. AGE: Years 68 Months 4 Days 6 If less than one day hr. min.
9. Birthplace Dixon (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Thomas E. League
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary A. Johnston
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Katie League
(b) Address Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director James O Dennis
(b) Address Hannibal Mo
19. (a) 10-16-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1946 hour 7 P.M. minute M.
21. I hereby certify that I attended the deceased from 3/8/1946, 1946 to 10/6/1946, 1946 that I last saw him alive on 10-6-1946, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	72 hours
Due to: Hypertensive Heart Disease	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations 93D
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 Harry L Greene (M. D. or other) M.D.
Address Palmyra Bldg Date signed 10/8/46

189 (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 H. M. O'Donnell

Licensed Embalmer No. 3899

P. O. Address Hamilton 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.