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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1947
193
729

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14609**
Registrar's No. **164**

Registration District No. **729**

Primary Registration District No. **2073**

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

1. PLACE OF DEATH:

(a) County Pelle
(b) City or town Hannibal (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence, Ocean Wave Community /
(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 Pelle **87**
(c) City or town Hannibal **0**
(If outside city or town limits, write "RURAL")
(d) Street No. Ocean Wave **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME

John Daring

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 Mary Alice Hite

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

7. Birth date of deceased December 22, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business XX

MOTHER FATHER

12. Name Marcus Daring **5**

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

14. Maiden name Mary Nyswander

15. Birthplace Switzerland (City, town, or county) (State or foreign country) **5**

16. (a) Informant Mrs. John Daring

(b) Address Ocean Wave, Hannibal Missouri

17. (a) Burial (b) Date thereof 4/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery

18. (a) Signature of funeral director W. E. M. Swick

(b) Address 902 Broadway Hannibal Missouri

19. (a) 4-23-47 (b) W. E. M. Swick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from 19 to 22 **47**
April - 15 **47**
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia
Due to Senility

Duration 3 1/2

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?

While at work? _____ (Specify type of place) _____
Means of injury 0

23. Signature W. B. Hester (M.D. or other) _____
Address Hannibal Mo. Date signed 4-23-47

4-25-47 W. J. Waters (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number *X-47-762*
Date Filed *APR 30 1947*

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 *W. C. Crawford Smith*.....

Licensed Embalmer No..... 7814

P. O. Address..... Hannibal, Miss.

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.