

FILED JUN 11 1947

State File No. \_\_\_\_\_

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 210

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:  
Residence 619 Fulton  
(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") **4**  
(d) Street No. 619 Fulton **0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Washington Hand

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 Harriett 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased October 24, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 7 4 hr. min.

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

10. Usual occupation Retired

11. Industry or business C. B. & C.

12. Name George W. Hand

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

14. Maiden name Margaret Shepherd

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mauriece E. Hand

(b) Address Hannibal, Missouri

17. (a) Burial (b) Date thereof 5/31/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway, Hannibal, Missouri

19. (a) 5-29-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1947 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 28, 1947 until May 28, 1947, that I last saw him alive on May 28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carotid Arteriosclerosis

Due to Septicemia

Due to \_\_\_\_\_  
Other conditions Senility  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy [Signature]

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 \_\_\_\_\_

23. Signature [Signature] (M. D., or other) \_\_\_\_\_  
Address [Signature] Date signed \_\_\_\_\_

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

MOTHER FATHER

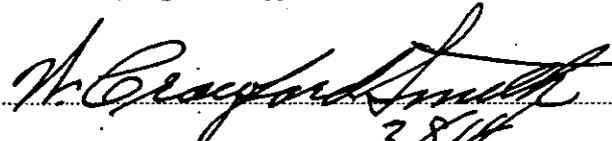
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

3814

P. O. Address.....

Hannibal 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.**