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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21608

Registration District No. 209

Primary Registration District No. 3042

Registrar's No. 256

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: 612 Ash St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

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. 612 Ash St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL L. DAVID
3. (b) If veteran, name war _____
3. (c) Social Security No. 488-18-5424

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Blanche David
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 25 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 13
If less than one day - hr. - min.

9. Birthplace Pleasant Hill Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Antique Collector

11. Industry or business _____

12. Name Daniel W. David
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Webb
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche David
(b) Address 612 Ash St., Hannibal, Mo.

17. (a) burial (b) Date thereof 7/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shearer Cemetery
New Canton, Ill.

18. (a) Signature of funeral director Roy J. Schwardt
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 7-10-47 (b) Dr. E. M. Luckert
(D to received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8
year 1947 hour 1 minute 45 am.
21. I hereby certify that I attended the deceased from July 8 to July 8 1947
that I last saw him alive on July 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cor. myocarditis
Due to _____
Due to _____

Other conditions: Cor. myopathia
(Include pregnancy within 3 months of death)

Major findings: Of operations: none
Of autopsy: _____

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: [Signature] (M. D. or other) [Signature]
Address: 1011 1/2 Broadway Hannibal Mo Date signed 7/9/47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Paul Richard Brown

Licensed Embalmer No. *4324*

P. O. Address. *Wassihall, Md.*

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.