

FILED NOV 4 1947
269
Registration District No. _____

Primary Registration District No. **3043**

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

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: 310 So 8th St
(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

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 310 So 8th St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY E. MCGOWN
Henry E. McGown

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-18-2651

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

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

7. Birth date of deceased: May 4 1872
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace: Spaulding Springs Mo.
(City, town, or county) (State or foreign country)

Usual occupation: Rubber Plant (Fireman)

Industry or business _____

Major findings:
Of operations _____

Of autopsy 94A

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

12. Name Samuel McGown

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

14. Maiden name Sarah Jane Cadch

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

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 Coroner

16. (a) Informant Paul McGown

(b) Address Hannibal Mo

(c) Place: burial or cremation _____

(a) Signature of funeral director James O'Donnell

(b) Address St Jude Cem, Hannibal City

23. Signature James O'Donnell
Address Hannibal Mo Date signed 10-29-47

19. (a) Oct 30 47 (Date received local registrar)

(b) Dr S M Lucke (Registrar's signature)

Corr. By Affirmation Stable
1948
Feb

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. _____

P. O. Address _____

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.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Missouri } SS.

State File No.

County of Marion }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 370On this 16th day of February, 1948, before me appears.....Gladys Megown Kruger, who, upon her oath, states that the original record of ~~birth~~ deathfor Henry E. McGown died October 29, 1947, in the State ofMissouri, and which was filed at Hannibal, Mo. on Oct. 30, 1947, should be corrected as follows:Item No. 3 should read Henry E. MegownInstead of Henry E. McGownItem No. 12 should read Samuel MegownInstead of Samuel McGownItem No. 16a should read Paul MegownInstead of Paul McGown

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gladys Megown Kruger Daughter
Relationship.310 S. 8th St., Hannibal, Mo.

Present Address.

Subscribed and sworn to before me this 16th day of February, 1948My Commission expires June 1, 1948
City Clerk, Hannibal, Mo. *Notary Public*

ENCLOSED

FEB 18 1948
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-35052