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

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 305 South Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 3095 South Main							
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Otto c. (Last) Stein			4. DATE OF DEATH (Month) (Day) (Year) February 1, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH September 26, 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4 Days 5	IF UNDER 6 HRS. Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Stein		13b. MOTHER'S MAIDEN NAME Anna Mary Wachendorfer		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Mary Emma Stein ADDRESS 305 South Main			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 mo -	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate -		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. my	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 12, 1948 to Feb 1, 1949 , that I last saw the deceased alive on Feb 1, 1949 , and that death occurred at 10:20 m. , from the causes and on the date stated above.							
23a. SIGNATURE Glenn R. Miller (Degree or title) Dr.			23b. ADDRESS Hannibal Mo		23c. DATE SIGNED Feb 8 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/49	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri		
DATE REC'D BY LOCAL REG. 2-10-49		REGISTRAR'S SIGNATURE W E M Lucke Deputy		25. FUNERAL DIRECTOR'S SIGNATURE W Crawford Smith ADDRESS Hannibal Missouri			

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

John S. Ward

Licensed Embalmer No. 4540

Signed.....
Student Embalmer

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.