

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9219**
REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **118**

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

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 town or township) Harribal		c. CITY (If outside corporate limits, write RURAL and give township) Harribal	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2419 Market ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2419 Market ST		3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) H. c. (Last) John	
4. DATE OF DEATH (Month) (Day) (Year) March 28 1949		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 25 1904		9. AGE (In years) (last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Harribal, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George N. Webb		13b. MOTHER'S MAIDEN NAME Viola Jane Yancey	
14. NAME OF HUSBAND OR WIFE Carl W.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Carl W. John ADDRESS 2419 Market Harribal Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict Coroner's Jury ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self inflicted gunshot, due to evidence and suicide note DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 676	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 approx 10 P.M. , to _____, 19____, that I last saw the deceased live on , 19____, and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE W. Crawford Smith (Degree or title)		23b. ADDRESS Harribal Mo	
23c. DATE SIGNED Apr 6-49		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 3-31-49		24c. NAME OF CEMETERY OR CREMATORY St Olive Cemetery	
24d. LOCATION (City, town, or county) (State) Harribal Marion MO		DATE REC'D BY LOCAL REG. 4-8-49	
REGISTRAR'S SIGNATURE Dr. E. M. Lucker		FUNERAL DIRECTOR'S SIGNATURE James O'Donnell ADDRESS Harribal Mo	

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 _____

George A. Magee Jr. Student Embalmer No. *298*

working under my personal supervision.

Signed *George A. Magee Jr.*
Student Embalmer

Signed *Michael J. O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal Mo*

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.