

REC'D JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43765
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Wasson Primary Registration District No. 13029
 (c) City Hannibal (d) Street No. 723 Hilltop Registered No. 338
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 723 Hilltop St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matthie Withers Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1861
 7. AGE YEARS 77 MONTHS 10 DAYS — If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) None known 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County, Illinois
 FATHER 13. NAME Do not know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
 MOTHER 15. MAIDEN NAME Do not know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
 17. INFORMANT (ADDRESS) Matthie Withers Taylor, Hannibal, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Christ Cemetery, Hannibal, Mo. Dec 24, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Roy P. Schwartz, Hannibal, Missouri
 20. FILE NO. Dec 23, 1938 W.C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to December 22, 1938
 I last saw him alive on December 16, 1938. Death is said to have occurred on the date stated above, at 12:08 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) T. L. Murphy, M. D.
 Address 113 1/2 So. Main, Hannibal, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12504

STATEMENT BY LICENSED EMBALMER

I, Ray P. Schwartz, Licensed Embalmer No. 1765
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ray P. Schwartz
Schwartz L. E.
No. 1765 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ray P. Schwartz
Licensed Embalmer No. 1765

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.)