

REC'D JUN 15 1939

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

19193

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Maple Primary Registration District No. 3029
(c) City Hannibal (d) Street No. Mississippi Marion County MO St.
(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

663 Louis Exhart
(a) Residence, No. La Grange MO 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 55 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fisherman
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9FATHER 13. NAME Unknown 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - - - 9MOTHER 15. MAIDEN NAME Unknown 116. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - - - 1

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Oliver Cem DATE May 1 - 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Donnell
Hannibal, Mo20. FILED May 8 1939 McFisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fell into River at La Grange, Mo.
Found in Mississippi River at
Hannibal - Mo April 30, 1939
DROWNED

Other contributory causes of importance: 183Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-17-1939
Where did injury occur? La Grange, MO
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury DROWNED
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? if
If so, specify _____(Signed) James O'Donnell Coroner Marion County
Hannibal - MO (Address) _____ 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 *[Signature]*

....., Registered Apprentice No.

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *3889*

P. O. Address *[Signature]*

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, above space should be left blank.