

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Marión
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lexington Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAME Herman E. Noy Folk

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife EPNA 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Aug - 25 - 1902
 (Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Elsberry MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William E. Noy Folk

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

14. Maiden name Mary Twinn

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

16. (a) Informant's own signature Edna Noy Folk

(b) Address RH 2 New London MO

17. (a) Burial (b) Date thereof Feb 13-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravesview Burial Park

18. (a) Signature of funeral director James C. D. Jones

(b) Address Hannibal MO

19. (a) 2-28-40 (b) J. S. Fisher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Rails
 (c) City or town RH 2 New London
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
 year 40 hour 10⁴⁵ minute _____ P. M.

21. I hereby certify that I attended the deceased from 2 1/2 hrs
2 - 10, 1940, to 2 - 11, 1940
 that I last saw him alive on 2 - 11, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 24 hrs

Due to Diabetes

Due to 54

Other conditions R. Lobar Pneumonia 30 hrs
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations None
Blood sugar 660 mgm
 Of autopsy none

PHYSICIAN

 Underline the cause to which death should be charged statistically

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? LLP
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature J. P. Daniel (M. D. or other) _____
 Address Hannibal Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 *Michael J. Formell*.....

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, above space should be left blank.