

Registration District No. 2077Primary Registration District No. 3029Registrar's No. 215

1. PLACE OF DEATH:

(a) County Marion 9
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 928 S Arch St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Samuel Birmingham 553

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

4. Sex Male 5. Color of race Pol 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Dora Birmingham 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 5 (Month) 11 (Day) 1860 (Year)8. AGE: Years 80 Months 2 Days 11 If less than one day _____ hr. _____ min.9. Birthplace Alabama (City, town, or county) Georgia (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name No Record 913. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name _____ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lynn Douglass(b) Address 928 S Arch St17. (a) David (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal) _____

18. (a) Signature of funeral director E. E. Roberts(b) Address Hannibal19. (a) 7-26-40 (b) J. C. Fisher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
 (c) City or town Hannibal Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 928 S Arch
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14 year 1940 hour 9 am minute 55 M.21. I hereby certify that I attended the deceased from 6/1/40 _____, 19____, to 7/14/40, 19____; that I last saw him alive on 7/14/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to MyocarditisDue to SenilityOther conditions (Include pregnancy within 3 months of death) 92C

Major findings:

Of operations _____

Of autopsy _____

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? Yes

While at work? _____ (Specify type of place) (a) Manner of injury _____

23. Signature W. M. Tucker (M. D. or other) 1Address Hannibal Mo Date signed 7/14/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.