

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **227**

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Levering Hospital
(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 George Fred Couch **FD**
 3. (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 Annie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 2 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name James Couch
 { 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Martha J. Robinson
 { 15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Couch
 (b) Address 228 N. Griffith St.

17. (a) Burial (b) Date thereof July 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director James Calhoun

(b) Address 100 N. C. Fisher

19. (a) Aug 7 - 1940 (b) N. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 228 N. Griffith St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1940 hour 1:10 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from July 5, 40 to July 16, 40
 that I last saw him alive on July 16 and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Aneurysm
 Duration _____

Due to _____
 Due to Swiss Butcher's

Other conditions Swiss Butcher's
(Include pregnancy within 3 months of death)

Major findings: Above
 Of operations _____

Of autopsy FD

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? _____

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

23. Signature James Calhoun (M. D. or nurse)
 Address 100 N. C. Fisher

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

4

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.....

Ralph W. Clark....., Registered Apprentice No. 242
working under my personal supervision.

Signed Michael J. O'Hanrahan

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.