

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

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County MARION  
(b) City or town Hannibal, Mo.  
(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)

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. 202 N. 6th St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Edward Vanetter

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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 29 1962  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace 1 Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John Vanetter

13. Birthplace 1 Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Garrison

15. Birthplace 1 Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Vanetter

(b) Address Macon, Missouri

17. (a) Marion, Mo. (b) Date thereof 11-29-41  
(Residence, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon Cemetery

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Missouri

19. Nov 29 1941 (b) W. Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1941 hour \_\_\_\_\_ minute mid night

21. I hereby certify that I attended the deceased from Nov 26 1941 to Nov 26 1941  
that I last saw him alive on Nov 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra Cranial Hemorrhage treated skull  
Due to Being struck on street by auto (history)  
Due to \_\_\_\_\_

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy \_\_\_\_\_  
170C-8  
21

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) H-26-41-acc.  
(b) Date of occurrence 11-26-41  
(c) Where did injury occur? city street - Hannibal Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Street

(Specify type of place) While at work? no (e) Means of injury \_\_\_\_\_

23. Signature J. H. Lester (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 11-27-41

**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 Paul G. Ballou

Licensed Embalmer No: 4206

P. O. Address Macou Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**