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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 5 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3029

Registrar's No. 112

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: Leveering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 24 years  
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. 1217A Lyon  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Pafford

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 Margaret Powell Pafford 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 26 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Beetown Wisconsin  
(City, town or county) (State or foreign country)

10. Usual occupation Retired

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

MOTHER FATHER

12. Name not known

13. Birthplace " " " " " "

14. Maiden name " " " " " "

15. Birthplace " " " " " "

16. (a) Informant Mrs Margaret Pafford

(b) Address 1217A Lyon Hannibal, Mo.

17. (a) Burial (b) Date thereof Apr. 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial

18. (a) Signature of funeral director Ray C. Schubert  
(b) Address 1007 Broadway Hannibal Mo.  
19. (a) 4/24/42 (b) W. H. Connor  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1942 hour 2 minute 22 P. M.

21. I hereby certify that I attended the deceased from 4-17- 1942 to 4-20 1942  
that I last saw him alive on 4-20-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured ribs  
crushed chest with  
Due to Fr. arm  
Street accident

Other conditions traumatic pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no  
170 cc  
2!

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) accident  
(b) Date of occurrence 11/4  
(c) Where did injury occur? Street Hannibal (City or town) (County) (State)  
(d) Did injury occur on or about home, on farm, in industrial place, or in public place?  
Struck by auto on street  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Hardesty (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 4-22-42

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

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**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.....

*Ray P. Schwartz*

Licensed Embalmer No. *1765-*

P. O. Address *1500 Chevy Chase Rd. No.*

**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.)**

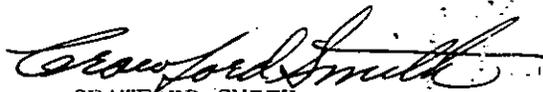
**If this body is not embalmed, fact should be so stated above.**

Hannibal, Mo.

April 21, 1942

I, Crawford Smith, Coroner of Marion County, do certify that I held an inquest over the body of W.H. Pafford, whose dead body was found at Levering Hospital, April 20, 1942, and the verdict returned by the jury was:

"We find that W.H. Pafford came to his death as a result of being struck and run over by a car driven by E. Toland at or about Maple Avenue and Broadway at the City of Hannibal"



CRAWFORD SMITH  
Coroner Marion County