

Registration District No. 547 548

Primary Registration District No. 3079 4323

State File No. \_\_\_\_\_  
Registrar's No. 179 53

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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Marion County Infirmary  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 20 days Specify whether

In this community 40 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. 3019 March Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Stombaugh

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1942 hour 3 minute 0 A.M.

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

6. (b) Name of husband or wife Martha Luina Stombaugh 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 5 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1942 to July 13 1942 that I last saw him alive on July 13 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemiplegia

Due to Hypertension

9. Birthplace Cincinnati Landing, Illinois  
(City, town or county) (State or foreign country)

10. Usual occupation retired

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

12. Name John Stombaugh

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Glatz

15. Birthplace not known  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Martha L. Stombaugh

(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy O. Schwartz

(b) Address 1000 Olive, Hannibal, Mo.

19. (a) July 28 1942 (Date received local registrar) (b) A. W. Gentry (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature John A. Reulink (M. D. or other)

Address Hannibal, Mo. Date signed 7/21/42

171

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 1000 Edwyn Harwood, N.Y.

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.