

FILED AUG 20 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 206

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: Fevering Hospital
(If not in hospital or institution, write street number and 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 Mo (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 920 Butler St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20
year 1943 hour 4 minute 20 am

21. I hereby certify that I attended the deceased from July 12
1943 to July 20 1943

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased 12 13 1865
(Month) (Day) (Year)

that I last saw him alive on July 19 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 7 Days 7 If less than one day _____
hr. min.

Immediate cause of death cardiac thrombosis

9. Birthplace Monroeville Mo
(City, town, or county) (State or foreign country)

Due to Periculous anemia

10. Usual occupation laborer

Due to _____

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

12. Name Nelson White

13. Birthplace Monroe Mo
(City, town, or county) (State or foreign country)

14. Maiden name Berta White

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

Major findings: gfa

Of operations _____

Of autopsy _____

16. (a) Informant Mrs Bessie Haves

(b) Address 905 9th St Hannibal Mo

17. (a) _____ (b) Date thereof 7 23 43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Mo

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? _____

18. (a) Signature of funeral director W. E. Roberts

(b) Address Hannibal Mo

19. (a) 7-23-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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

23. Signature H. A. Fox (M. D. or other) _____
Address Hannibal Mo Date signed July 20 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

SEP 27 194

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 *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address. *Hannibal*

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.