

S. No. 2
M-5-1939
y. 5-17-39
- I 873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35222
State File No. _____
Registrar's No. 286

FILED NOV 6 1943

Registration District No. 209 Primary Registration District No. 3043

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Leaving 2210 Gordon
(d) Length of stay: In hospital or institution 1
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 064
(c) City or town Hannibal 3
(d) Street No. 2210 Gordon 4
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Gasberry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 17
year 1943 hour 10 minute 30 A. M.

4. Sex Male 5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23 - 1890

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 1 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

9. Birthplace Hannibal MO

Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Porter

11. Industry or business _____
12. Name William Gasberry
13. Birthplace MO
14. Maiden name Mary Bush
15. Birthplace MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 9/17/43
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

16. (a) Informant Anna Gasberry
(b) Address 2210 Gordon Hannibal Mo

17. (a) Burial (b) Date thereof Sept 21 1943
(c) Place: burial or cremation Robinson Cem
18. (a) Signature of funeral director James Blount
(b) Address Hannibal Mo
19. (a) 9-30-43 (b) R. H. Corner

23. Signature _____ (M.D. or P.O.B.)
Address 902 Broadway Hannibal Date signed 9/17/43

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

4
3
4

MOTHER, FATHER

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

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 *Michael J. O'Connell*

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, fact should be so stated above.