

FILED NOV 13 1944

Registration District No. 209

Primary Registration District No. 3043

State File No.

Registrar's No. 318

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: Leveying Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 537 1/2 Walnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Raymond Lewis Shrewsberry

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 20, 1939
(Month) (Day) (Year)

8. AGE: Years 5 Months - Days 15 If less than one day hr. _____ min. _____

9. Birthplace Hannibal MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name George Shrewsberry

13. Birthplace Hannibal Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shaffer

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

16. (a) Informant George Shrewsberry

(b) Address Hannibal MO

17. (a) Burial (b) Date thereof OCT. 7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVET C.E.M.

18. (a) Signature of funeral director James O'Hanlon

(b) Address Hannibal MO

19. (a) 10-11-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 4
year 1944 hour _____ minute 7:30 M.

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.

Immediate cause of death _____

By being struck by car.
in front of 576 Walnut

Due to No. August held

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 119

(b) Date of occurrence October 4, 1944

(c) Where did injury occur? Walnut Street
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Wm. M. Smith Coroner

Address 902 Broadway Hannibal Date signed 10/5/44

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

1146

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.