

No. 2
5-43
17-39
X36871

FILED APR 18 1947
Registration District No. 20

Primary Registration District No. 3043

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:
Levering Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days Gurness

3. (a) PRINT FULL NAME GEORGE TAPLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased October 12, 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation farm laborer

11. Industry or business Frank Otten Dairy Farm

MOTHER FATHER

12. Name Robert Tapley

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

14. Maiden name Susan

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

16. (a) Informant Mrs. Beulah Tapley

(b) Address 1704 E. Gordon, Hannibal, Mo.

17. (a) Burial (b) Date thereof Apr. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 4-5-47 (b) W. C. M. Tucker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion

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

(d) Street No. 1021 Vermont St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-26 1947 to 3-29 1947
that I last saw him alive on 3-29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Pericarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 108

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) _____

(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)

(e) Means of injury _____

23. Signature Dr. J. W. Fox M. D. or other _____

Address 1216 Center, Hannibal, Mo. Date signed 4-3-47

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..... *William Seplius*.....
Licensed Embalmer No. *3420*.....
P. O. Address..... *Hammond, 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.