

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22670

Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 078
 (b) Township St James Primary Registration District No. 3704 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John E Marlow Jr. 640
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
11 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 5-10-38 11. Total time (years) spent in this occupation 8-yr

12. BIRTHPLACE (CITY OR TOWN) Oklahoma City (STATE OR COUNTRY) Okla

13. NAME John E Marlow

14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) D.C.

15. MAIDEN NAME Lauren or Shelley

16. BIRTHPLACE (CITY OR TOWN) Oklahoma (STATE OR COUNTRY) Okla

17. INFORMANT H B Hankla (ADDRESS) Oklahoma City Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Phelps Okla DATE 6-23 1938

19. FUNERAL DIRECTOR H E Licklider (ADDRESS) St James Mo

20. FILED 6-20 1938 U Elsie B. Houck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Auto accident
Fractured skull
and crushed right chest
(occupant of car)
2 cars

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6-19 1938

Where did injury occur? 5 mi east of St James on 66th (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Auto accident

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Oral E. Licklider Coroner

611 (Address) St James Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, W E Ricklider, Licensed Embalmer No. 1970

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed W E Ricklider

Licensed Embalmer No. 1970

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.)