

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.

See News

REC'D AUG 26 1938

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

26383
Do not use this space.

1. PLACE OF DEATH *St. Francis 2*
 (a) County *St. Francis 1* Registration District No. *775*
 (b) Township *Jefferson* Primary Registration District No. *6020-A* Registered No. *55*
 (c) City *Council Bluffs Mo* (d) Street No. _____ St. _____
 (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 *Alice Tranquils Marler 64.6*
 (a) Residence, No. *Boone Terre Mo* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John W. Marler*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 13, 1859*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
79 3 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*
 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) _____ 11. Total time (years) spent in this occupation *0*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hopewell Missouri*
 FATHER 13. NAME *Martin Turpin*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 MOTHER 15. MAIDEN NAME *Catherine Mosier*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hopewell Missouri*
 17. INFORMANT (ADDRESS) *Mrs. George Thompson Boone Terre Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *B. J. Cemetery* DATE *7/9 38*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Burham and Co Boone Terre Mo*
 20. FILED *July 8, 1938* *N. W. Hawkins* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *May 22 1938* to *July 1 1938*
 I last saw her alive on *July 1 1938*. Death is said to have occurred on the date stated above, at *3:30 A.* m.
 The principal cause of death and related causes of importance were as follows:
Cerebral arteriosclerosis
 Date of onset *May 1938*
 97
 Other contributory causes of importance:
Hypertension
Frailty
1938
1938
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *Maxim J. Haw, Jr.*, M. D.
 (Address) *Boone Terre, Mo*

THE BOARD OF EXAMINERS OF THE STATE OF NEW JERSEY
DEPARTMENT OF HEALTH AND SENIORS AFFAIRS
DIVISION OF PROFESSIONAL REGULATION

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, C. J. Claywell, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bound Brook, N.J.

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, above space should be left blank.