

REC'D SEP 14 1939

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

29008  
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 254  
(b) Township Benton Primary Registration District No. 4154  
(c) City or St. Louis (d) Street No. 525  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 21

2. PRINT FULL NAME Hugh F. Markey

(a) Residence, No. 629 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance Agent  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore City Md

FATHER 13. NAME Hugh H. Markey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Anna Rully  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) 101 north Pleasant St

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
St Marys Cemetery Independence Mo  
Independence Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schrammer  
Patronsburg Mo

20. FILED Sept 4 1939 Frances Sutton  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:

Fracture of skull & Cause of death. Automobile accident car turned over off pavement.

Other contributory causes of importance: 7/10/39

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 \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? Patronsburg (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto run off pavement  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Frank Hedger \_\_\_\_\_, M. D.  
(Address) Patronsburg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2.  
50M-9-19-38  
1 X16625

JUN 26 1945

JUN 21 1945

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 Will Be

Registered Apprentice No. Mo# 3156

working under my personal supervision.

Signed G. Schaner

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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, above space should be left blank.