

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

36264
 Do not use this space.

REC'D NOV 24 1939

1. PLACE OF DEATH
 (a) County Iron Registration District No. 352
 (b) Township Ancedia Primary Registration District No. 4231
 (c) City Pilot Knob (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 646 Mary Ann Marler
 (a) Residence, No. Pilot Knob 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 fem 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) May 5, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 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) St. Francois Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Charles K. Marler

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Elliott

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Levi Marler (ADDRESS) Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE Oct. 7, 1939

19. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Oct 8, 1939 L. J. Effinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939, to Oct 6, 1939

I last saw her alive on Oct 5, 1939 Death is said to have occurred on the date stated above, at 11.00A

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

Myocarditis, chronic
Nephritis, chronic

Date of onset 1937

Other contributory causes of importance: Ovarian Cyst 1923

Name of operation none Date of _____
 What test confirmed diagnosis? Phys Exam 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? Yes
 If so, specify _____
 (Signed) Ben W. Bull, M. D.
354 (Address) Ironton, Mo.

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.

FORM 5-19-36 I X16603

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.....

Licensed Embalmer No.....

P.O. Address.....

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.