

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

JAN 10 1940

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(c) Name of hospital or institution:  
22 East Myrtle  
(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)

3. (a) PRINT FULL NAME Theodocia Marlow 640  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John W Marlow 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 30 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER { 12. Name Issac Stanley  
13. Birthplace Not Known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. L. Davis  
(b) Address Marionville Mo.

17. (a) Marionville Mo. (b) Date thereof 12/13/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J. F. Gray  
(b) Address Aurora Mo.

19. (a) 12-13-39 (b) R. A. Town 418  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 22 East Myrtle St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1939 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 18-38  
to Dec 11 1939  
that I last saw h. or alive on Dec 9, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Duration not known

Due to 92%

Due to \_\_\_\_\_  
Other conditions Sexuality  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 W. M. Pleasant (M. D. or other) \_\_\_\_\_  
Address W. M. Pleasant Date signed 12/18/39

**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

*Herman Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Aurora 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.**