

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1951

State File No. \_\_\_\_\_

Registrar's No. 87

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
252 W Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 4.5 years  
years, months or days

3. (a) PRINT FULL NAME ROBERT HOJ MARK 6/22/1929

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth Duffy Mark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 15 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rolla, Phelps County MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Steel Plant

12. Name Abraham Mark

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Cook Mark

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Mark

(b) Address 212E Gordon Marshall MO

17. (a) Burial (b) Date thereof June 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Harry Heubner

(b) Address Marshall Mo

19. (a) 6-1-40 (b) Dep (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 252 W Washington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1940 hour \_\_\_\_\_ minute 11:20 P.M.

21. I hereby certify that I attended the deceased from Oct 29, 1939, to May 31, 1940  
that I last saw him alive on May 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 7 mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions arterial hypertension of eyes  
(include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
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? 712  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
22. Signature Edith Mark (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo Date signed 6/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1951-1-1339

RECEIVED  
District Health Officer No. 8,  
District File Number  
6-14-40  
Date Filed

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**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 Felix Reng  
Licensed Embalmer No. H127  
P. O. Address Marshall, Md

**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.**