

STANDARD CERTIFICATE OF DEATH

State File No. **22589**

**FILED JUL 21 1940**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5952**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **PUTNAM**  
(b) City or town **RURAL, LINCOLN TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) **20**

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **4.5 weeks** years, months or days **605**

8. (a) PRINT FULL NAME **WILLIAM RILEY MARCUM**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NO.**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARY FRANCIS MARCUM** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **FEBRUARY 9 1857** (Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **12** If less than one day hr. min.

9. Birthplace **PUTNAM County MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business **FARMER**

12. Name **FRANCIS MARCUM**

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

14. Maiden name **JANE BELL**

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

16. (a) Informant **HENRY Francis Marcum**

(b) Address **UNIONVILLE ROUTE 6**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **MAY 22 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **JOMPSON SEMETARY**

18. (a) Signature of funeral director **John M. Comstock**

(b) Address **Unionville, Mo.**

19. (a) **May 24 1940** (Date received local registrar) (b) **Joie D. McKinley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PUTNAM**  
(c) City or town **RURAL** (If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **21** year **1940** hour **6.0** clock minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **Mich** 1940 to **May 21** 1940 that I last saw him alive on **Mich 17** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **pharyngeal cancer**  
Due to \_\_\_\_\_

Other conditions **137** (Include pregnancy within 3 months of death)

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

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? **982**

(Specify type of place) \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Hobman** (M. D. or other) \_\_\_\_\_  
Address **Unionville, Mo.** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-40-1340

Date Filed JUL 8 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**