

SEP 16 1940  
411

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

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Joplin**  
(c) Name of hospital or institution **Dunkle Hospital - D.O.**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution **15 min.**  
(Specify whether In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1702 Joplin**  
(Specify location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Marjorie W. Marbough**

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 **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 15, 1940**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 0 0 0 hr. 15 min.**

9. Birthplace **Joplin, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Harry D. Marbough**  
13. Birthplace **Joplin, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary M. Waymuth Bryan**  
15. Birthplace **Joplin, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry D. Marbough**  
(b) Address **Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **8-16-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Thomhill - Diller**  
(b) Address **Joplin, Mo.**

19. (a) **8-17-40** (b) **Ed E. Janner**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15<sup>th</sup>**  
year **1940** hour **2:45** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **Aug. 15, 1940**  
from **2:30 P.M.** to **2:45 P.M.**  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Patent foramen Ovale**  
Duration **15 minutes**

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

Other conditions (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?  
**270**

23. Signature **H. D. Marbough** (M.D. or other) **D.O.**  
Address **Joplin, Mo.** Date signed **8-16-40**

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

40-9-372

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.