

No. 2
-13-40
17-39
X23159

Registration District No. **47900** Primary Registration District No. **200** Registrar's No. **42**

FILED OCT 25 1940

1. PLACE OF DEATH:
(a) County **Lewis**
(b) City or town **Rural, Dickerson**
(c) Name of hospital or institution: **County Infirmary**
(d) Length of stay: In hospital or institution **9 Months**
In this community **76 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lewis**
(c) City or town **La Grange**
(d) Street No. **0**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Marie M. Marks**
(b) If veteran, name war **No** (c) Social Security No. **None**

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 **Sept. 19th. 1863**

8. AGE: Years **76** Months **11** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **La Grange Missouri**

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **John K. Marks**

13. Birthplace **England**

14. Maiden name **Frances Hearn**

15. Birthplace **England**

16. (a) Informant **Finley Joellich**

(b) Address **La Grange, Missouri.**

17. (a) **Burial** (b) Date thereof **Sept. 7-1940**

(c) Place: burial or cremation **La Grange Mo.**

18. (a) Signature of funeral director **W. Roberts**

(b) Address **La Grange, Missouri.**

19. (a) **Sept. 5-1940** (b) **V. W. Jennings**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **4**
year **1940** hour **3** minute **30 p.m.**

21. I hereby certify that I attended the deceased from **Nov. 10**, 19 **39** to **Sept. 4**, 19 **40**
that I last saw her alive on **Sept. 2**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis (pulmonary)** Duration **9 mo.**

Due to **tubercular infection**

Due to _____

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

Major findings: Of operations **No operation**

Of autopsy **No 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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

C. D. 1 (Specify type of place) _____
While at work? _____ (e) Means of injury **3**

23. Signature **Harry L. ...** (City, or other) **D.O.**
Address **Lewistown, Missouri** Date signed **Sept. 6**

Duration
9 mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No: 10

District File Number 10-40-1959

Date Filled OCT 18 1948

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.....

A.A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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, fact should be so stated above.