

Registration District No. **431** Primary Registration District No. **3023**

1. PLACE OF DEATH:
(a) County **Tankers**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **509 N. Washington st.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **1** years, months or days (Specify whether rural or urban)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Tankers**
(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **509 N. Washington st.**
(If rural, give location)
(e) foreign born, how long in U. S. A. **0** years

3. (a) PRINT FULL NAME **Susan Teak Marker**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** **none**

4. Sex **Fe** **5. Color or race** **Wh** **6. (a) Single, widowed, married, divorced** **widowed**
6. (b) Name of husband or wife **David H. Marker** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Nov. 21 1857**
(Month) (Day) (Year)

8. AGE: Years **88** Months **11** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **M^c Henry** **IL**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **4**

12. Name **Henry Stander**

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

14. Maiden name **Elvira Hyde**

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

18. (a) Informant's own signature **Gertrude Bacon**

(b) Address **509 N. Washington WARRENSBURG Mo.**

17. (a) Burial **(b) Date thereof Nov 13-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **W. H. Hester**

(b) Address **Warrensburg Mo.**

19. (a) Nov 14-1940 **(b) Bertie Bentley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **11**
year **1940** hour **10** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Nov 10 1940**
to Nov 11 1940, 19____; that I last saw her alive on **Nov 11**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction** **Duration 7 days**
Due to **coronary atherosclerosis**

Due to _____
Other conditions **arteriosclerosis**
(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) **no**
(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 **John P. Anderson**
Address **Warrensburg** **Date signed** **Nov 14 1940**

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

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

REV. 8-11-39 I 119311

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.

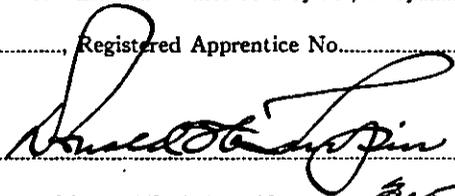
DEC 11 1940
1940 DEC 1

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-5-40

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. 3053

P. O. Address Warrensburg 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.