

Registration District No. 29 Primary Registration District No. 5078 State File No. _____ Registrar's No. 27

1. PLACE OF DEATH:
(a) County Barry *Hat Creek*
(b) City or town Cassville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 32 years
years, months or days

3. (a) PRINT FULL NAME ROY VIRGIL MARLENEE
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Faye Marlenee 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Nov. 6, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 0 15 -- hr. ---- min.

9. Birthplace ----- Neb. /
(City, town, or county) (State or foreign country)

10. Usual occupation Printer /

11. Industry or business In Printing Office /

MOTHER FATHER { 12. Name Charles Norwood
13. Birthplace ----- Neb. /
(City, town, or county) (State or foreign country)
14. Maiden name. Laura B. Marlenee
15. Birthplace ----- Neb. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Faye Marlenee
(b) Address Cassville, Mo. R.F.D.

17. (a) Burial (b) Date thereof Nov. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill @ Cassville

18. (a) Signature of funeral director Horine-Culver
(b) Address Cassville, Mo.

19. (a) _____ (b) Scott Newman, R.D.
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Cassville, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. West of Cassville, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1940 hour 12:30 minute ----- P. M.

21. I hereby certify that I attended the deceased from Nov 18, 1940
-----, 19-----, to Nov 21, 1940.
that I last saw him alive on Nov 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Carcinoma of Stomach

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death) H/S

PHYSICIAN
Major findings: -----
Of operations -----
Of autopsy -----
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?
30

While at work? ----- (Specify type of place)
(a) Means of injury 3

23. Signature W.R.M. Chene (M.D. or other) D.O.
Address Cassville, Mo. Date signed 11/23/40

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

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.....

B. Gordon Bennett

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

200

working under my personal supervision.

Signed.....

B. Gordon Bennett

Licensed Embalmer No. *1414*

P. O. Address.....

Carroll M

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, fact should be so stated above.