S. No. 2
-11-10-39
5-17-39
I X21

19

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42926

Registration District No. 408 Primary Registration District No. 5564 Registrar's No. 236

1. PLACE OF DEATH:

(a) County Jasper

(b) ~~City or town~~ Rural - Madison township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R#3 - Carthage Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Thirty Four Years 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. R#3 - Carthage Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Augustus Markley

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 Manley

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March (Month) 21 (Day) 1899 (Year)

8. AGE: Years 41 Months 8 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Abilene (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Farmer 1

11. Industry or business None 1

FATHER
12. Name Conrad Markley 1
13. Birthplace Abilene (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Carrie Rogers
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edith Markley
(b) Address Texarkana Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.

19. (a) Dec 10, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 10 a.m. minute — M.

21. I hereby certify that I attended the deceased from 12-22-38 ~~12-5~~, 19.., to 12-5, 1940 that I last saw him alive on 12-5-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of lungs	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? 8 65 (Specify type of place)
While at work? (e) Means of injury

23. Signature S. Russell Smith (M. D. ~~or other~~) MD
Address Carthage, Mo Date signed 12-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Mo.

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

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