

Registration District No. 5-65Primary Registration District No. 5-761aRegistrar's No. 46

1. PLACE OF DEATH:

- (a) County Miller
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Miller
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0
 (Specify whether years, months or days) 55 years

3. (a) PRINT FULL NAME NEWSON DELBERT MARKLE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white6. (b) Name of husband or wife Nancy Harten7. Birth date of deceased: Dec 18 - 1861
(Month) (Day) (Year)8. AGE: Years 79 Months 10 Days 30 If less than one day hr. min.9. Birthplace Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Charles Markle13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name Wagon15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Clove Markle(b) Address Alvina, Mo17. (a) Burial (b) Date thereof Nov. 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Alvina, Mo18. (a) Signature of funeral director C. E. Casey(b) Address Alvina, Mo19. (a) 11-27-40 (b) C. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Miller
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Alvina, Mo. R.F.D.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1940 hour minute 3 A.21. I hereby certify that I attended the deceased from Nov 8, 1940, to Nov 17, 1940
that I last saw him alive on Nov 16, 1940
and that death occurred on the date and hour stated above.Immediate cause of death perforation of sigmoid
standby
Due to unknown

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?

400
While at work? (Specify type of place) (c) Means of injury23. Signature G. W. Duncan (M. D. or other)
Address Alvina, Mo. Date signed 11-22-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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RECEIVED
Miller County Health Dept.
County File Number 41-3
Date Filed 1/15/41

Adams

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

Laron Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed *Chasey*

Licensed Embalmer No. 2694

P. O. Address *Berna, 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.