

JAN 25 1941 727
Registration District No. _____

Primary Registration District No. 4433

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Perry, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Yrs.
years, months or days _____

3. (a) PRINT FULL NAME Laura Craig Marker.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Wm Layman Marker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 October, 7, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Welch Okla koma,
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

12. Name Granvil Craig.

13. Birthplace Welch Oklahoma.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

16. (a) Informant C. S. Underwood
(b) Address Perry, Missouri

17. (a) Burial (b) Date thereof 12/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery

18. (a) Signature of funeral director Clyde CW Wilbey

(b) Address Perry, Missouri

19. (a) 12/30/40 (b) Clyde CW Wilbey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.
(c) City or town Perry, Missouri
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1940 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 12-3-1939
12-28, 1940, to 12-28-, 1940

that I last saw her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. T. Swon (M. D. or other) D.O.

Address Perry Mo. Date signed 12-30-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-22

Date Filed JAN 7 1941

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

Clyde C. Wilbey

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.