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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2652

Registration District No. ~~315~~ 324 Primary Registration District No. 5449 Registrar's No.

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

1. PLACE OF DEATH:
(a) County GREENE
(b) ~~City or town~~ WILLARD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R# 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Willard
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CAROLYN ANN. MARRION
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1940 (Year)

8. AGE: Years 0 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Greene (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant at Home
MOTHER FATHER
12. Name Charles W. Marrion
13. Birthplace (City, town, or county) Ill. (State or foreign country)
14. Maiden name Elza Hill
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant Charles W. Marrion
(b) Address Willard Mo. R# 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prairie
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.
19. (a) Nov 17 - 1940 (Date received local registrar) (b) Mrs. Guy Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1940 hour 12 minute 40A M.
21. I hereby certify that I attended the deceased from 11-15, 1940, to Nov 17, 1940;
that I last saw her alive on Friday 15, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 -
Due to Influenza	
Due to Pneumonia	
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. F. Freeman (M. D. or other)
Address Springfield Mo Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 41-1-14
Date Filed 1/20/41

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.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.