

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2701

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton 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 \_\_\_\_\_  
In this community one week (Specify whether years, months or days)

3. (a) PRINT FULL NAME Getta Adaline Markley  
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 married  
6. (b) Name of husband or wife Wm. Henry Markley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 23 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Buffalo Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Lewis Hart  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Theodora Wisdom  
15. Birthplace Louisburg Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Carl Sperman  
(b) Address E. Ohio St

17. (a) Burial (b) Date thereof Jan 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cypresswood

18. (a) Signature of funeral director Spore & Son  
(b) Address Clinton Mo

19. (a) 1-21-41 (b) Dr. J. R. Hampton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright  
(c) City or town Mt. Grove, Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 17  
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-4, 1940, to 1-16, 1941;  
that I last saw her alive on 1-16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Duration \_\_\_\_\_  
Due to Chronic Myocarditis 1 year  
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? 312

23. Signature Carl Sperman (M. D. or other) MD  
Address Clinton Mo Date signed 1-17-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7

District File Number 2-41-281

Date Filed 2-9-41

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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 with the above constitutes grounds for revocation of license.)

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