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

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14322

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 136

1. PLACE OF DEATH:
(a) County COLE
(b) City or town JEFFERSON CITY MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49
(c) City or town JOPLIN MO 2
(If outside city or town limits, write "RURAL")
(d) Street No. 212 BYERS ST. 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 1

3. (a) PRINT FULL NAME ISSAC L MARQUIS.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex O MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRED
6. (b) Name of husband or wife MYRTLE MARQUIS
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased APRIL 2 (Month) 1873 (Day) (Year)

8. AGE: Years 68 Months 0 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business .....
FATHER
12. Name UNKNOWN 9
13. Birthplace ..... (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name .....
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant MRS MYRTLE MARQUIS.
(b) Address JOPLIN MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4 26 41 (Month) (Day) (Year)
(c) Place: burial or cremation NEVADA MO.
18. (a) Signature of funeral director JANNE SERVICE
(b) Address 200 JEFFERSON ST
19. (a) 4-26-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1941 hour 6:20 minute A M.
21. I hereby certify that I attended the deceased from April 17, 1941, to April 26, 1941, that I last saw him alive on April 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction (Syrs?) — Duration 17 hrs
Pneumonia Lobar (lower rt) — 19 hrs
Due to Chr. Prostatitis (Hypertrophy middle lobe) — [illegible]
Acute Glomerulonephritis & uremia — [illegible]
and anuria.
Due to .....
Other conditions Chr. cholelithiasis
(Include pregnancy within 3 months of death)
Chronic contracted GB & stones
Major findings:
Of operations Dense adhesion band obstructing bowel in region of [illegible]
Of autopsy Adhesions, obstruction bowel [illegible] + cystic degen Kidneys

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 [illegible] (M. D. or other)
Address Jefferson City Mo. Date signed 4-26-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 0 1948

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 L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City

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.