

FILLED JUN 16 1941 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17900  
Do not use this space.

1. PLACE OF DEATH  
(a) County GRAND Registration District No. 328  
(b) Township TRENTON Primary Registration District No. 3017  
(c) City TRENTON (d) Street No. 1 Registered No. 31  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDEE G. MARRS  
(a) Residence, No. 210 E. Center Road St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DAVID C. MARRS  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) March 1, 1941 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Missouri

FATHER 13. NAME W. D. Goss  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mintha Witten  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Mo

17. INFORMANT (ADDRESS) Loren D. Marrs  
210 E. Center Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hatten Chapel DATE 3-22-41 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dani Emerson  
210 E. Center Rd.

20. FILED 3-20 1941 Frederick J. J. J. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1941  
22. I HEREBY CERTIFY, That I attended deceased from April 1932 to Mar 20 1941  
I last saw him alive on March 1941 Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
Coronary Sclerosis  
+ Hypertension  
Date of onset 3-20-41  
9 years

Other contributory causes of importance:  
Coronary Sclerosis + Hypertension

Name of operation 0 Date of 0  
What test confirmed diagnosis? Clinical Was there an autopsy? No.  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury 0, 1900  
Where did injury occur? 0  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0  
Nature of injury 0  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify DR Roarko (Signed) 300 (Address) Trenton Mo (M. D.)

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.

**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

*Robert B. Davis*

Registered Apprentice No. *212* ....., working under my personal supervision.

Signed

*Clifford Oberg*

Licensed Embalmer No. *3423*

P. O. Address *Trenton, 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.**