

No. 2
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17-39
X237

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22566
Registrar's No. 1046

Registration District No. 774

Primary Registration District No. 4465

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Mr. Jasot Cortis Markin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male ()

5. Color or white race Cauc.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept. 6 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 9 22 _____ hr. _____ min.

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

10. Usual occupation Had been machinist for D.T. & railway - Detroit Michigan

11. Industry or business retired for past 3 yrs on account of heart

12. Name William Henry Markin

13. Birthplace Farmington, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Harrist Elizabeth R. Kaden

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

16. (a) Informant Mr. Henry Markin (Brother)

(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof June 29 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview - Farmington, Mo.

18. (a) Signature of funeral director Alvin W. [Signature]

(b) Address Flat River, Mo.

19. (a) 7-3-41 (b) C. B. [Signature]
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Flat River, Mo. (b) County St. Francois

(c) City or town Flat River, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 12
_____ 1941 to June 27 1941;
that I last saw him alive on June 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to lung

Due to 30

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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?
697 _____
(Specify type of place) (e) Means of injury _____

23. Signature C. H. [Signature] (M. D. or other) M.D.
Address Flat River, Mo. Date signed 6-28-41

AUG 19 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.....

....., Registered Apprentice No. ~~2780~~

working under my personal supervision.

Signed

Abner W. Hood

Licensed Embalmer No.

2780

P. O. Address

Flat River 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, fact should be so stated above.