

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 908 East Benton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 017

(c) City or town Rural 6  
(If outside city or town limits, write "RURAL")

(d) Street No. North East Carrollton 18 miles  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JPA-HERBERT-MARKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. V

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 30 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Sampson Marker

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

14. Maiden name Mary Kern

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

16. (a) Informant Mrs. Francis Norton  
(b) Address Benton Mo.

17. (a) Burial (b) Date thereof July 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Harton Cemetery

18. (a) Signature of funeral director W. H. Marker  
(b) Address Carrollton Mo.

19. (a) 7-16-41 (b) W. H. Marker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13<sup>th</sup>  
year 1941 hour 6:00 minute PM

21. I hereby certify that I attended the deceased from 7-11-41  
7-13-41 1941 to 7-13-41 1941  
that I last saw him alive on 7-13<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 10 days

Due to \_\_\_\_\_

Due to 107

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Alwood (M. D. or other) D

Address Carrollton Mo Date signed 7/17/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-6-41

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 M. J. [unclear]

....., Registered Apprentice No. ....

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.**