

o. 2
4-41
7-39
K28390

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 2410 Willard
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin 049
(If outside city or town limits, write "RURAL")

(d) Street No. 2410 Willard 2
(If rural, give location) 5

(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Charlie Francis Marcus

3. (b) If veteran, name war _____

3. (c) Social Security No. 91-079390

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 6:35 minute 0 M.

21. I hereby certify that I attended the deceased from July 7 1941 to July 7 1941

that I last saw him alive on July 7 1941 and that death occurred on the date and hour stated above

5. Color of hair White

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

6. (b) Name of husband or wife: Bessie May Marcus

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: Jan 30 1883
(Month) (Day) (Year)

Immediate cause of death: General Carcinomatous of subacute of primary Cancer of testicle

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) 510

8. AGE: Years 58 Months 5 Days 13 If less than one day hr. min.

9. Birthplace: Green County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Contractor

11. Industry or business _____

12. Name: James S. Marcus

13. Birthplace: Unknown a
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Clark

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

Major findings: Cancer of testicle

Of operations _____

Of autopsy _____

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

16. (a) Informant: Bessie May Marcus

(b) Address: 2410 Willard Joplin

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 15 1941
(Month) (Day) (Year)

(c) Place: burial or cremation: Bessie's Cemetery

18. (a) Signature of funeral director: Will City Ind Co

(b) Address: Will City Ind Co

19. (a) 7-15-41 (b) W D James
(Date received by local registrar) (Registrar's signature)

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 plant) (e) Means of injury _____

23. Signature: W D James M. D. _____

Address: Joplin Mo. Date signed _____

372 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

8

41-8.695

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address Webb City, 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.