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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34731

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 289

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. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 26

(a) State MISSOURI (b) County COLE 0

(c) City or town R R # 4 JEFFERSON CITY, MO
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT BERNARD MARKWAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 1

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased JULY 19, 1922
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	2	19	hr. min.

9. Birthplace WARDSVILLE, MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ALBERT MARKWAY
13. Birthplace WARDSVILLE, MO. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARIE WINKLEMAN
15. Birthplace WARDSVILLE, MO. 1
(City, town, or county) (State or foreign country)

16. (a) Informant ALBERT MARKWAY
(b) Address RR # 4 JEFFERSON CITY? MO.

17. (a) BURIAL (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WARDSVILLE? MO.

18. (a) Signature of funeral director John F. Heinke
(b) Address JEFFERSON CITY, MO.

19. (a) October 11-1941 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 2, 1941, to October 10, 1941; that I last saw him alive on Oct 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Lobar Pneumonia	8 days
Due to	
Other conditions (Include pregnancy within 3 months of death) Appendectomy for acute appendicitis	
Major findings: Of operations 3 weeks ago. Had recovered & was up & about	
Of autopsy	

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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 J A Ossman (M. D. or other) MD
Address Jefferson City Mo Date signed 10-11-41

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(Licensed Embalmer's Statement on Reverse Side)

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 Sylvester Wulle, Registered Apprentice No. 292 working under my personal supervision.

Signed John F. Heinle,

Licensed Embalmer No. 3655

P. O. Address Jefferson 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.