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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2397

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howard
(c) City or town Fayette 45
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY BELLE MARCUM
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Jas. R. Marcum
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Nov. 22, 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	9	hr. min.

9. Birthplace Bunceton, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name John W. Richey
13. Birthplace Sh. Clair Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Virginia Morton
15. Birthplace Texas (City, town, or county) (State or foreign country)
16. (a) Informant J. R. Marcum
(b) Address Fayette Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette Walnut Ridge
18. (a) Signature of funeral director H. P. McCray
(b) Address Glasgow, Mo.
19. (a) 2-2-1942 (Date received local registrar) (b) Anna P. Tindall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1942 hour 9:15 minute P M.
21. I hereby certify that I attended the deceased from Jan. 23, 1941
19 to Jan. 31 1942;
that I last saw her alive on Jan. 31 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Cardio-Vascular Renal disease	6 Mo.
Due to	
Other conditions Ch. Hypertension (Include pregnancy within 3 months of death)	14 yrs.

Major findings:
Of operations ✓
Of autopsy ✓ 131a

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 Wa Bloom (M. D. or other) M. D.
Address Lee Hospital, Fayette Missouri Date signed 2-2-1942

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-42

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. ....., working under my personal supervision.

Signed K. P. McCrary

Licensed Embalmer No. 3158

P. O. Address Glasgow, 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.