

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10517

State File No. _____

Registration District No. 169

Primary Registration District No. 4099

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Dalton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME LENA A. MARION

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 married
6. (b) Name of husband or wife William P. Marion 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 14 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
12. Name John H. Myer
13. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Schultz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William P. Marion

(b) Address Dalton Mo.

17. (a) Burial (b) Date thereof 3/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dalton

18. (a) Signature of funeral director Myers Funeral Home

(b) Address Brunswick, Mo.

19. (a) 3-9-1942 (b) A. J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton ⁰²¹

(c) City or town Dalton, Mo.
(If outside city or town limit, 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 March day 7th
year 1942 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-21-42
_____ 19____ to 3-7-42 19____;

that I last saw her alive on 3-7-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure with ventricular fibrillation
Due to Chronic asthma ^{2 days}
2 years

Other conditions h. h. Stuart, M. D.
(Include pregnancy within 3 months of death)

Major findings: 95a
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 h. h. Stuart, M. D. (M. D. or other) ⁰
Address Brunswick, Mo. Date signed 3-9-42

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

21
0
0

1027

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-16-82

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

John H. Meyer

Licensed Embalmer No. 3730

P. O. Address

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, above space should be left blank.