

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
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14630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 147

Registration District No. 477

Primary Registration District No. 2002

49
2
5
James
NY - James
S.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1815 Wall
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Roy Marcum
(b) If veteran, name war
(c) Social Security No. 491-01-6072

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, divorced
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 21, 1889
8. AGE: Years 52 Months 9 Days 20

9. Birthplace Bentonville Arkansas

10. Usual occupation Baker
11. Industry or business Junge Baking Co.

12. Name L. R. Marcum
13. Birthplace Galena, Missouri
14. Maiden name Hannah Mize
15. Birthplace Kentucky

16. (a) Informant Mary Marcum
(b) Address 1815 Wall, Joplin, Mo.

17. (a) Burial Mt. Hope Cemetery
(b) Date thereof 4-13-42
(c) Place: burial or cremation

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 4-11-42 (b) Antelope Sudholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10 year 1942 hour 5:45 minute a M.

21. I hereby certify that I attended the deceased from 12-8 1936 to 4-9 1942 that I last saw him alive on 4-9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease
Due to
Due to

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 309
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. D. Jones (M. D. or other)
Address Joplin, Mo. Date signed 4-11-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-4-40

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.....

F. M. Jones

Licensed Embalmer No.....

2319

P. O. Address.....

Joplin 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.