

14631

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 1 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 4241

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Centerville Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 312 E. Wilson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 7 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 312 E. Wilson  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Spencer Brewster Marris

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased March 15 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>0</u>	<u>20</u>	hr. _____ min.

9. Birthplace Unknown Mo. West  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Marris

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

14. Maiden name Sasabi County

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

16. (a) Informant's own signature Mrs. G. L. Tammis

(b) Address Centerville, Mo.

17. (a) Burial (b) Date thereof April 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville, Mo.

18. (a) Signature of funeral director Webb City Mort. Co.

(b) Address Webb City, Mo.

19. (a) Apr. 6 1942 (b) Mrs. Lillie Zagle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1942 hour 3:15 minute 0 M.

21. I hereby certify that I attended the deceased from April 2, 1942 to April 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 330

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)

(a) Means of injury \_\_\_\_\_

23. Signature R. W. Starnock (M. D. or other) \_\_\_\_\_

Address Webb City Mo Date signed 4/6/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address West 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, above space should be left blank.**