

FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18217

Registration District No. 408

Primary Registration District No. 5563

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Ward - Jackson Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jasper Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 months
 (Specify whether years, months or days) 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin, Missouri
 (If outside city or town limits, write "RURAL.")
 (d) Street No. West 4th Street
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Bert Marcus3. (b) If veteran, name war NA 3. (c) Social Security No. NA

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (c) Age of husband or wife if alive, years 1880

7. Birth date of deceased October 1st
(Month) (Day) (Year)8. AGE: Years 61 Months 7 Days 0
If less than one day hr. min.9. Birthplace Marshfield, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Contractor (Retired)

11. Industry or business

12. Name James S. Marcus13. Birthplace Newton County Mo
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Clark15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Helen Jones(b) Address 611 Brownell - Joplin, Mo17. (a) Burial (b) Date thereof 5-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairview Cemetery18. (a) Signature of funeral director Thornhill-Dillon Mortuary(b) Address Joplin, Missouri19. (a) May 4, 1942 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1942 hour 7:15 minutes AM21. I hereby certify that I attended the deceased from April 1st
1942 to May 1st 1942
that I last saw him alive on April 24 1942
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Heart Disease - Arteriosclerosis Umbilical
Due toDue to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)Major findings:
Of operations
Of autopsy22. 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?23. Signature W. J. The New (M. D. or other)
Address Corthay, Mo Date signed 5-4-42

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

MOTHER, FATHER

12.5.497

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 *Paula Mombille*

Licensed Embalmer No. *3590*

P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Atural
(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.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(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 Bert Marcus

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Oct 1 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days.....
(If less than one day..... min.)

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day.....
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
to....., 19.....;

that I last saw him/her alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Chronic hepatitis Unknown

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 1318

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 [Signature] (M. D. or other) [Signature]

Address Carthage, Mo Date signed 7-10-42

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

