

Registration District No. 608

Primary Registration District No. 3032

Registrar's No. 196

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Boileweil Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

In this community 39 years

3. (a) PRINT FULL NAME ROBT. LEE MARCUM

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

4. Male 5. Color or White 6. (a) Single Wid. divorced Wid.

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

7. Birth date of deceased Dec 31 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>18</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Janitor Public School

12. Name Robt C Marcum

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

14. Maiden name Frances Marcum

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

16. (a) Informant Mrs M. Clarke

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 5/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Richard

(b) Address Sedalia Mo

19. (a) 5/20/42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 220 E Walnut
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour _____ minute 140 a.m.

21. I hereby certify that I attended the deceased from May 15 1942 to May 19 1942
that I last saw him alive on May 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to _____

Due to _____

Other conditions 518
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Sedalia Date signed 5/20/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-10-42

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 L. E. Boublin

Licensed Embalmer No. 3867

P. O. Address Seaside 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.