

FILED JUN 26 1942 29

Primary Registration District No. 5038

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Flat Creek Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 17 yrs. 2 mo. 4 Da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5
(c) City or town Cassville Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Paul Richard Marbut

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-20-1602

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 29 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 2 4 hr. min.

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

10. Usual occupation.....

11. Industry or business Milk Hauler

12. Name Raymond Marbut

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

14. Maiden name Neva Jackson

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

16. (a) Informant Raymond Marbut

(b) Address Purdy Mo. R. 1

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

(c) Place: burial or cremation Sparks Cemetery

18. (a) Signature of funeral director W. D. Koon

(b) Address Cassville Mo.

19. (a) June 5 1942 (b) James Williams
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1942 hour 11:55 minute P M.

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

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

Immediate cause of death.....

Broken neck
Due to Car Trucking

Due to.....
1902

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

Major findings: Of operations.....

Of autopsy.....

Duration

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) Accident

(b) Date of occurrence June 5

(c) Where did injury occur Cassville Barry Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Country Road

While at work? no (Specify type of place) Means of injury Car Wash

23. Signature W. R. Williams (M. D. or other) also

Address W. D. Koon Date signed June 3-42

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

005

400

RECEIVED

District Health Officer No. 6,

District File Number 642-892

Date Filed JUN 24 1942

W

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 E. Myers

Licensed Embalmer No. 3220

P. O. Address Cassville, 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.