

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

24333

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 564

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

1. PLACE OF DEATH:

(a) County GREEN
(b) City or town SPRINGFIELD
(c) Name of hospital or institution: 255 W. SUNSHINE
(d) Length of stay: In hospital or institution: _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Springfield
(d) Street No. 255 W. Sunshine
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME JAMES W. MARKS.

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGRETT MARKS 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: April 19 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Live Stock Dealer

11. Industry or business Stock Dealer

12. Name Abner Marks

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

14. Maiden name unknown

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

16. (a) Informant Floyd M. Marks

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 8-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director J. W. Lingner & Co.

(b) Address Springfield, Mo.

19. (a) 8-1-42 (b) J. W. Lingner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 5 minute 50/A.M.

21. I hereby certify that I attended the deceased from July 29-42 to July 31 1942 that I last saw him alive on July 30 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 2 days

Due to arterio-sclerosis

Due to _____

Other conditions: § 20
(Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury _____

23. Signature Arthur Knabb (M. D. or other) MD
Address 424 1/2 E. Canal Date signed 7-31-42

Duration
Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Ray Asbaum

Licensed Embalmer No. *1763*

P. O. Address *Springfield m*

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.

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