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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 1942 8 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Ebersberg
(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
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln 57
(c) City or town Ebersberg 1
(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 Walter W. Marling
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2nd year 1942 hour minute 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.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 11 1880
(Month) (Day) (Year)

Immediate cause of death Well dead in hour =
Due to cardio-vascular 2 yr.
Due to.....

8. AGE: Years 62 Months 1 Days 21 If less than one day hr. min.
9. Birthplace Marling MO
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: 131a
Of operations.....
Of autopsy.....

MOTHER FATHER
11. Industry or business.....
12. Name Clark Marling
13. Birthplace Marling MO
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Williams
15. Birthplace Marling MO
(City, town, or county) (State or foreign country)
16. (a) Informant Delbert Marling
(b) Address Ebersberg MO
17. (a) Burial (b) Date thereof Sept 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ebersberg Cemetery
18. (a) Signature of funeral director W. J. Bradley
(b) Address Ebersberg MO
19. (a) Oct 6 1942 (b) E. B. Williams
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury.....
23. Signature P. Y. Keenan (M. D.)
Address Ebersberg MO Date signed 9-4-42

OCT 9 1942

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..... *W.D. Bradley*
Licensed Embalmer No..... *3966*
P. O. Address..... *Elsterry Md*

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.