

FILED DEC 10 1942

Registration District No. 516

Primary Registration District No. 3059

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County St. Francois

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

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

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

In this community Lifetime

3. (a) PRINT FULL NAME Barbara Ann Marler

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife.....

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

7. Birth date of deceased May 15 1942
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | | 5 | 22 | hr. min. |

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

10. Usual occupation.....

11. Industry or business.....

12. Name Clyde Marler

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

14. Maiden name Martha Marler

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

16. (a) Informant Mrs. Martha Marler

(b) Address Elvins, Mo.

17. (a) Burial (b) Date thereof 11/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Mem. Park

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Elvins, Mo.

19. (a) Nov. 21 1942 (b) Byrdie Burkhardt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Elvins, Mo.
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 4
1942 to Nov 6 1942
that I last saw her alive on Nov. 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to Acute Nephritis 2 wks

Due to.....

Other conditions Bronchitis, Bronchial
(Include pregnancy within 3 months of death)
Pneumonia, Biliary obstruction

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)
Means of injury.....

23. Signature Byrdie Burkhardt (M. D. or other)
Address Bonne Terre, Mo. Date signed 11-11-42

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RECEIVED

District Health Officer No. 3
District File Number 1242-9436
Date Filed 12-8-42

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 Everett Sparks
Licensed Embalmer No. 4289
P. O. Address Elkins 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.