

LEB JAN 14 1943

Registration District No. 309

Primary Registration District No. 3043

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
700 Hickory
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Hickory
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Eliza A. Marzke

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 Widow
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 27, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months - Days 21 If less than one day
..... hr. min.

9. Birthplace Masonryville MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Otha Nickler
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Wardlaw
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Boor

(b) Address 700 Hickory Harrison Mo

17. (a) Burial (b) Date thereof DEC. 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley New London Mo

18. (a) Signature of funeral director James DePue

(b) Address Harrison Mo

19. (a) 12-23-42 (b) Robert Connor
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1942 hour..... minute 10 M.

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

Immediate cause of death Coronary Blood Duration
.....

Due to.....
Due to.....

Other conditions..... (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 0

23. Signature A. B. Blue (M. D. or other)
Address Harrison Mo Date signed 12-23

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

69
3
4

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.....

Michael J. O'Connell

Licensed Embalmer No.....*2246*.....

P. O. Address.....*Hannibal 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.