

FILED FEB 5 1943

Registration District No. 274Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
400 N Stewart /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution, write street number or location
53 years (Specify whether
 In this community years, months or days)

3. (a) PRINT

FULL NAME Joseph B. Marksbury

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex male5. Color or
race white6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife

Mary Marksbury6. (c) Age of husband or wife if
alive 72 years

7. Birth date of deceased

Oct. 7 1869

(Month)

(Day)

(Year)

8. AGE:

Years

73

Months

3

Days

14

If less than one day

hr. min.

9. Birthplace

Williamstown Kentucky /

(City, town, or county)

(State or foreign country)

10. Usual occupation

RetiredPolice Officer

11. Industry or business

John Marksbury

12. Name

Unknown

13. Birthplace

Elizabeth Tunis

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Mrs Joseph Marksbury

(City, town, or county)

(State or foreign country)

16. (a) Informant

Sedalia Mo.

(b) Address

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof Jan. 25 1943

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

McLaughlin Bros.

(b) Address

Sedalia Mo.

19. (a)

1-25-43 Mrs Anna Singer

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 400 N Stewart
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
 year 1943 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-15
 1941 to 1-21 1943

that I last saw him alive on 1-21 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

cerebral hemorrhage

Duration

5 days

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 6 months of death)

Congestive heart failure

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

J. M. Rodeman

(M. D. or other)

M.D.

Address

Sedalia MoDate signed 1-23-43

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed 2-4-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.