

S. No. 2  
OM-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10520**

Registration District No. **156** Primary Registration District No. **2001** Registrar's No. **133**

5-19  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Joplin**  
(c) Name of hospital or institution: **at home**  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) **lifetime**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **332 N. Schuffeder**  
(If usual, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Marion Ernest Couch**  
3. (b) If veteran, name war **1**  
3. (c) Social Security No. **1**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **3**-19**43**  
year **3:30 AM** hour **5** minute **2** A. M.

4. Sex **Male** 5. Color of race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edna Couch**  
6. (c) Age of husband or wife if alive **58** years

21. I hereby certify that I attended the deceased from **Jan 27**, 19**43**, to **March 2**, 19**43**  
that I last saw him alive on **March 2**, 19**43**  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **June 27 1881**  
(Month) (Day) (Year)  
8. AGE: Years **61** Months **8** Days **6** If less than one day hr. min.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Hypertension**

9. Birthplace **Shannon County, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Householder**

Other conditions **30**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

11. Industry or business  
12. Name **Marion D. Couch**  
13. Birthplace **Unknown, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ellie Linnhardt**  
15. Birthplace **" Kentucky**  
(City, town, or county) (State or foreign country)

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**

16. (a) Informant **Edna Couch**  
(b) Address **332 N. Schuffeder**  
17. (a) **Burial** (b) Date thereof **Mar 5, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Peace Cemetery**  
18. (a) Signature of funeral director **Walter H. ...**  
(b) Address **Walt ...**  
19. (a) **3-4-43** (b) **Walter H. ...**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. M. Gray M.D.** (M. D. or other)  
Address **Joplin, Mo** Date signed **3-4-43**

48-3-262

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**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..... *A. K. Mills* .....

Licensed Embalmer No. *347* .....

P. O. Address *Nash City, 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.**