S. No. 2
M—S-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ISSUED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11103

State File No.

Registration District No. 276

Primary Registration District No. 3053

Registrar's Notification No. 37

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla Missouri
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 105 West 3rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Wesley Marlow

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Ada May Marlow

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

7. Birth date of deceased April 3, 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Edgar Springs, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter-Contractor

11. Industry or business For self

FATHER
12. Name James Gilbert Marlow,
13. Birthplace Wilks Co., No. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malvina A. Laney,
15. Birthplace Simson, Co., Ky., (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Bradford,
(b) Address Rolla, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Beulah Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home,
(b) Address 508 West 8th St., Rolla Mo.,

19. (a) Apr. 3, 1943 (Date received local registrar) (b) Ellis Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1st year 1943 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from 2/5/43, 19..., to 4/1/43, 19...; that I last saw him alive on 3/31/43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary congestion and circulatory failure	24 hrs.
Due to: Myocardial failure and chronic nephritis	6 months
Due to: Cardio-vascular-renal disease	Several years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13/a
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. Cottingham M.D. (M. D. or other)
Address Rolla, Mo. Date signed 4/3/43

(Licensed Embalmer's Statement on Reverse Side)

1672

APR 21 1943

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 S. C. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.