

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1948
Registration District No. 321

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11606
Registrar's No. 3

Primary Registration District No. 6084

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

1. PLACE OF DEATH

(a) County Saline
(b) City or town Blackwater Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Blackwater Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELIZA MARR

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color of race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Peter Marr 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 1 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 15 hr. _____ min. _____
If less than one day

9. Birthplace Pellin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Charles P. Hieronymus

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

14. Maiden name Susan Kemp

15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant J.P. Marr

(b) Address Marion Mo. 1941

17. (a) Requial (b) Date thereof Mar 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bridge Park Cem

18. (a) Signature of funeral director Charles P. Hieronymus
(b) Address Marion Mo. 770

19. (a) March 18, 1943 (b) Mrs. W.C. Sheekilford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16
year 1948 hour 5 minute 19 M.

21. I hereby certify that I attended the deceased from March 1, 1948, to Mar 16, 1948
that I last saw h.e.w. alive on Mar 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Invald 40 years
Arthritis Deforum
Dropsey

Other conditions (Include pregnancy within 3 months of death) 952

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 2

23. Signature E.C. Ware (or other) DD
Address Marshall Mo Date signed 3/17/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-7-43

APR 21 1948

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 D.W. Campbell
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.