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State File No.

JUL 10 1943 77

Registration District No. 77

Primary Registration District No. 5304

Registrar's No. 119

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: RR # 4 Jefferson City, Mo.
(c) Name of hospital or institution: RR # 4 Jefferson City, Mo.
(d) Length of stay: In hospital or institution: 8 4 years
In this community: 8 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole 26
(c) City or town: RR # 4 Jefferson City, Mo.
(d) Street No.: RR # 4 Jefferson City, Mo.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: No.

3. (a) PRINT FULL NAME: FRED MARKWAY Sr.
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: June day: 1 year: 1943 hour: 7 minute: 30 A.M.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: Catherine Schneider Markway
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: July 1, 1856

21. I hereby certify that I attended the deceased from May 7 1943 to May 29 1943 that I last saw him alive on May 29 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	86	11	0hr.min.

Immediate cause of death: Hypostatic Pneumonia

9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

Due to: Senility
Arteriosclerosis & Hypertensive Heart Disease

10. Usual occupation: Farmer
11. Industry or business: Retired

Other conditions: Hypertensive Heart Disease (Include pregnancy within 6 months of death)

12. Name: Charles Markway

Major findings: Of operations: Of autopsy: 930

13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name: Unknown
15. Birthplace: (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Al Markway
(b) Address: RR # 4 Jefferson City, Mo.

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) (Burial, cremation, or removal): Burial (b) Date thereof: 6/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Wardsville, Mo.

18. (a) Signature of funeral director: Sylvester Dulle
(b) Address: Jefferson City, Mo.

While at work: J. H. Osman (Specify type of place) (c) Means of injury: M.D.

19. (a) 6-3-43 (Date received local registrar) (b) Thelma Richter (Registrar's signature)

23. Signature: J. H. Osman (M. D. or other) M.D. Address: Jefferson City, Mo. Date signed: 6/3/43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Sylvester Quille

Registered Apprentice No.

working under my personal supervision.

Signed.....

Sylvester Quille

Licensed Embalmer No.

4321

P. O. Address.....

Jefferson 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.