No. 2
—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21229

State File No. 1

Registration District No. 97

Primary Registration District No. 6290

Registrar's No. 9

30
0
0

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural S. Benton
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Elkland Mo.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Delmer Marlin

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Katie Marlin

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 6 (Day) 1864 (Year)

8. AGE: Years 78 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Webester Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Arch Marlin
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Amandy Hogan
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Katie Marlin
(b) Address Elkland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Marlin Cem.

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.

19. (a) June 8-1943 (Date received local registrar) (b) Mrs Arthur Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4-3, 1943, to 4-4, 1943;
that I last saw him alive on 4-4, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral ~~Ap~~ Hemorrhage	2 ds.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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 0

23. Signature C. O. Gannon (M. D. or other) M.D.
Address Buffalo Mo. Date signed 4-17-43

1124 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-43-594
Date Filed 6-23-43

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.