No. 2
—2-43
5-17-39
I X3580

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25161

State File No. _____

Registration District No. 46 | Primary Registration District No. 3026 | Registrar's No. 167

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 422 South Hocker (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: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No.: 422 So. Hocker (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: DEED MARKLEY.
3. (b) If veteran, name war: None
3. (c) Social Security No.: 440-16-0416
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Annie Markley
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Aug. 17 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	9	29	____ hr. ____ min.

9. Birthplace: Oak Hill Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: _____
FATHER 12. Name: Jack Markley
FATHER 13. Birthplace: Unknown Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Ferris
MOTHER 15. Birthplace: Unknown England (City, town, or county) (State or foreign country)
16. (a) Informant: Annie Markley
(b) Address: 422 So. Hocker
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lone Mo.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence Mo.
19. (a) 6-26-1943 (Date received local registrar) (b) James Woods (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1943 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 12, 1943 to June 16, 1943 that I last saw him alive on June 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Pancreas	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: yes - as above

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: J. H. Hickerson (M. D. or other)
Address: Independence Mo. Date signed June 16

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 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.....

Licensed Embalmer No. 2467

P. O. Address Indep. 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.