

FILED SEP 8 1943

Registration District No. 733

Primary Registration District No. 5430

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Anaconda Central, Mo
(c) Name of hospital or institution: /
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Years. (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Mary E. Marks

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased January 28 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Daniel

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

14. Maiden name Elizabeth Thurmond
15. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant BEN MARKS
(b) Address 801 6th Polk St. St. Louis, Mo

17. (a) Burial (b) Date thereof Aug 15, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SULLIVAN MO

18. (a) Signature of funeral director [Signature]
(b) Address Sullivan, Missouri

19. (a) 8/15/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1943 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 3

23. Signature [Signature] or other _____

Address [Signature] Missouri Date signed 8-14-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Thos. P. Shaffer*.....
Licensed Embalmer No. *2692*.....
P. O. Address..... *Sullivan, 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, above space should be left blank.