U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1943

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29012

Primary Registration District No. 3052

Registrar's No. 256

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4th & Emmett
(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: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 417 E. Harvey
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Charles Rodger Marquess
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: October (Month) 23 (Day) 1936 (Year)

8. AGE: Years 6 | Months 9 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Florence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: ____
11. Industry or business: ____
FATHER
12. Name: William O. Marquess
13. Birthplace: Windsor (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Leona Kellner
15. Birthplace: Florence (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Leona Marquess
(b) Address: Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Florence, Missouri
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri
19. (a) 8/9/43 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 7 year: 1943 hour: 11 P.M. minute ____ M.
21. I hereby certify that I attended the deceased from 8-7-, 1943, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Injuries to the head from falling under wheel of moving Automobile	
Due to: trying to catch a ride	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): Accident
(b) Date of occurrence: Aug-7-43 12
(c) Where did injury occur? Sedalia (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street of Sedalia (Specify type of place)
While at work? ____ (e) Means of injury: Crushed by Car
23. Signature: W. T. B. Bishop Coroner (M. D. or other)
Address: Sedalia Mo Date signed: 8/9-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED ... Officer No. ...
... Number ...
Date Filed 9-3-53

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.