S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31862

Registration District No. 956 | Primary Registration District No. 2001 | Registrar's No. 530

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution: 0 (Specify whether years, months or days)
In this community: 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Neosho — Rural (If outside city or town limits, write "RURAL") 073
(d) Street No.: RFD # 3 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country: 1

3. (a) PRINT FULL NAME: Ernest Elmer Marks.
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dorothy Marks
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: September 9 1909 (Month) (Day) (Year)

8. AGE: Years 34 | Months 0 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace: Neosho (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: Shoe Repairs.
FATHER
12. Name: Elmer Marks
13. Birthplace: Newton Co. (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name: Mary Zetta Baker
15. Birthplace: Seneca (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Dorothy Marks
(b) Address: Neosho Mo. R #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Gibson Cemetery
18. (a) Signature of funeral director: Carey Thompson
(b) Address: Neosho Mo.
19. (a) 9-20-43 (Date received local registrar) (b) Gertrude Sudhorter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1943 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from Sept 16 1943, 19__, to Sept 18, 19 43, that I last saw him alive on Sept. 18 1943, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
coronary embollus	1hr
Due to: surgical removal of gall bladder and appendix	2days
Due to:	
Other conditions (Include pregnancy within 3 months of death): 12/11	

Major findings:
Of operations: appendix and gall bladder.
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): no
(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) Nature of injury:
23. Signature: [signature] (M. D. or other)
Address: Joplin Mo Date signed: 9/20/4

1204 (Licensed Embalmer's Statement on Reverse Side)

43-9-808

OCT 18 1943

DEC 1 1944

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 .....

..... 12 in, Registered Apprentice No. .....,

working under my personal supervision.

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.