

FILED SEP 28 1943  
Registration District No. **2001**

Primary Registration District No. **2001**

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: **626 Pearl**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **70 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 647**

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

(d) Street No. **626 Pearl**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary E. Marlatt**

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

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **February 28, 1862**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **6** Days **23**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Cedar County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **William R. Houston** **Tennessee**

13. Birthplace **Lucinda F. Petty** **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

16. (a) Informant **Damea Marlatt Davis**

(b) Address **626 Pearl Joplin Mo**

17. (a) **Burial** (b) Date thereof **9-23-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**  
(b) Address **Joplin, Mo.**

19. (a) **9-23-43** (b) **Gertrude Sudhalter**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**  
year **1943** hour **9:00 P.** minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **8-3-43**  
**first visit** 19\_\_\_\_ to **9-21** 19**43**  
that I last saw her alive on **9-21** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**

Due to **senility - unrel**  
**to lose and food for several**  
**months - (the lady)**

Other conditions (Include pregnancy within 3 months of death) **97**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Ed. J. James** (M. D. or other) \_\_\_\_\_  
Address **Joplin, Mo** Date signed **9-23-43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

110-1-2013

49-9-794

SEP 28 1943

MAY 2 1943

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..... *Henry K. Hurlburt*

Licensed Embalmer No..... *959*

P. O. Address..... *Japani N.Y.*

MAY 2 1943

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.