

Registration District No. **LED NOV 18 1942 47**

Primary Registration District No. **52404367**

Registrar's No. **32**

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Ritchey
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community All of life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ernest Leon Marion
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife no ne
6. (c) Age of husband or wife if alive 25th years (Day) (Year)
7. Birth date of deceased Nov. 25th 1925
(Month) (Day) (Year)

8. AGE: Years 17 Months 10 Days 22
If less than one day hr. min.

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

10. Usual occupation Farmer & Student in School

11. Industry or business
12. Name Roy Marion
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Leveta Armstrong
15. Birthplace Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Marion
(b) Address Ritchey Missouri
17. (a) Burial (b) Date thereof Oct. 29, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Oct. 24/1943 (b) Rube Norwood
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
year 1943 hour 5.30 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 17 1943;
that I last saw h. dead on Oct. 17 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Duration

Due to...
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) Drowning, 173
(b) Date of occurrence Oct. 17, 43
(c) Where did injury occur? near Ritchey Newton Mo
(City or town) (County) (State)
Salool Creek
(Specify type of place)
(e) Means of injury
While at work?

23. Signature R E Ramos (M. D. or other)
Address Parauky Mo. Date signed 10.21.43

1149

(Licensed Embalmer's Statement on Reverse Side) Report of Coroner.

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

MOTHER FATHER

RECEIVED

11-10-43

District Health Officer

District File Number 11-43-211

Date Filed

11-15-43

C.B.

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 B. Gordon Bennett

Licensed Embalmer No. 4218

P. O. Address Cassville 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Pittsburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life years, months or days

3. (a) PRINT FULL NAME Ernest L. Marion

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 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 Nov. 25 - 1883
(Month) (Day) (Year)

8. AGE: Years 17 Months 10 Days 2 If less than one day _____ min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death drowning Duration _____

Due to _____

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) Accidental.

(b) Date of occurrence Oct. 17. 43

(c) Where did injury occur? Near Pittsburg, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Shoal Creek Accidental Drowning

While at work? Fishing (Specify type of place)
 (e) Means of injury drowning

23. Signature R. E. Roemer (M. D. or other)

Address Traverly, Mo. Date signed 11.28.43

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

SUPPLEMENTARY

38788