

No. 2  
-5-43  
5-17-39  
X35871

FILED JAN 3 1946  
Registration District No. 19456

Primary Registration District No. 2001

Registrar's No. 678

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freemans Hospital  
(If not in hospital or institution, write street number or location) 2 Days

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

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

(d) Street No. Goodman MO R # 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME James Murk Marker

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 Married

6. (b) Name of husband or wife Bernice Marker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept, 10th, 1905  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th, year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 7, 1943 to Dec 9, 1943  
that I last saw him alive on Dec 9, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 2 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

Immediate cause of death acute heart dilatation Duration 3 hrs

Due to pericardial fluid from 1st stroke & fluids 4 hrs

Due to enlarged liver

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

MOTHER, FATHER

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

12. Name Fred Marker

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

14. Maiden name Rosetta Powers

15. Birthplace McDonald County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Marker

(b) Address Anderson MO,

17. (a) Burial (b) Date thereof 12-10-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson MO,

18. (a) Signature of funeral director Charles E. Williams

(b) Address Goodman MO

19. (a) 12-10-43 (b) Quintus S. Sutherland  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: no

(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 a worker \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Signature] Date signed [Signature]

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12015

43-12-1001

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 *Marjella Prickett*

Licensed Embalmer No. *4166*

P. O. Address *Goodman*

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.