

FILED MAR 8 1944

Registration District No. **7237**

Primary Registration District No. **4214**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Deepwater**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(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 **Henry**
(c) City or town **Deepwater**
(d) Street No. _____
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME

James Marion Marmaduke

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, **married**

6. (b) Name of husband or wife **Euna A Marmaduke** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **October 3 1861**

8. AGE: Years **82** Months **4** Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Shelbyville Missouri**

10. Usual occupation **Druggist**

11. Industry or business _____

12. Name **Marion Hudson Marmaduke**

13. Birthplace **Kentucky**

14. Maiden name **Mary Eardley**

15. Birthplace **UNKNOWN**

16. (a) Informant **Wynona Marmaduke**

(b) Address **Deepwater Mo.**

17. (a) **Funeral** (b) Date thereof **2-6-44**

(c) Place: burial or cremation **ELIATON**

18. (a) Signature of funeral director **Tom Stuart**

(b) Address **Deepwater Mo.**

19. (a) **February 5 1944** (b) **Georgia Ritchen**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3d** year **1944** hour **5:30** minute **P** M.

21. I hereby certify that I attended the deceased from **1942** - **1943** that I last saw him alive on **Feb 3** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis of Chronic Hardened Arteries High Blood Pressure**

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) **93d**

Major findings: Of operations _____ Of autopsy **No**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
23. Signature: **J. J. Ruel** (M. D. or other) _____
Address **Deepwater Mo.** Date signed **2/5/44**

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

APR 20 1945

RECEIVED

District Health Officer No. 7

District No. 32-44-203

Date Filed 3-4-44

APR 11 1945

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 *Tom J. [Signature]*

Licensed Embalmer No. 2782

P.O. Address *Deepwater, 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.