

S. No. 2
 M-2-43
 5-17-39
 X39697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7367

State File No. _____

FILED MAR 3 1944

Registration District No. 153

Primary Registration District No. 5574

Registrar's No. 1

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Van Buren
(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 Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Paul Marble Jr
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 21
 year 1944 hour 10 minute 05 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Ruby Jeanne Marble
 (c) Age of husband or wife if alive 19 years
 7. Birth date of deceased Sept 17 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23 1943 to February 21 1944
 that I last saw him alive on February 20 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Sarcoma of lungs (secondary) Duration 3 mo.

8. AGE: Years 19 Months 5 Days 3
If less than one day hr. min.
 Birthplace Oak Grove Mo.
(City, town, or county) (State or foreign country)

Due to Primary sarcoma of left femur
 Duration 1 year

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
 12. Name Paul Marble Sr.
 13. Birthplace Oak Grove Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Taylor
 15. Birthplace Smithville Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations 55
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Paul Marble Sr.
 (b) Address Rural Oak Grove Mo. 3-23-44
 17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____
(Month) (Day) (Year)
 (c) Place: burial or cremation Holiness Cemetery
 18. (a) Signature of funeral director Allen Brownfield
 (b) Address Pleasant Hill, Mo.
 19. (a) Feb. 22 44 (b) Mrs. Clifford Hunt
(Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury g
 23. Signature R. E. Hansen (M. D. or other) DO
 Address Oak Grove, Mo. Date signed 2-22-44

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

18
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1160

AUG 3 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.....

By me 2-20-44....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brown*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.