

FILED APR 14 1944

Registration District No. 15

Primary Registration District No. 3003

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Missouri Alice Marant

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

4. Sex Female 5. Color or race white
6. (a) Single widowed; married; divorced Married
6. (b) Name of husband or wife Jacob Marant 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Dec. 1 - 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 30 If less than one day hr. min.

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

10. Usual occupation no.

11. Industry or business Retired

MOTHER FATHER { 12. Name Charley Lane
13. Birthplace (City, town, or county) (State or foreign country) Ky.
14. Maiden name Nancy Lane Hill
15. Birthplace (City, town, or county) (State or foreign country) Tenn.

16. (a) Informant A. Marant
(b) Address Monett - Mo.

17. (a) Burial (b) Date thereof Mar. 21 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Purdy Cemetery

18. (a) Signature of funeral director L. H. Blansenship
(b) Address Monett - Mo.

19. (a) April 1 1944 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL.")
(d) Street No. 300 7th St
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country L.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 -
year 1944 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from March 29, 1944 to Mar. 31, 1944
that I last saw her alive on Mar. 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of Paralysis
Due to Hypertension and Arterio Sclerosis

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) _____
(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 _____

23. Signature L. H. Blansenship (M. D. or other) MD.
Address Monett, Mo. Date signed 4-1-44

WHITE PRINT - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 444-451

Date Filed APR 12 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. H. Blankenship
Licensed Embalmer No. 2397
P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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. April
Registrar's No. 22

Registration District No. 13 Primary Registration District No. 3003

1. PLACE OF DEATH:
(a) County Barny manett
(b) City or town Barny manett
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Missouri A. Marbut
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased see (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days _____ (Unless than one day) _____ min.

9. Birthplace Union Station Missouri (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) Rudna Trillberg (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 May day _____ year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death stroke of cerebral hemorrhage and hyper tension and diffuse sclerosis Duration _____
Other conditions (include pregnancy within 3 months of death) _____
Due to _____
Due to _____

Major findings: Of operations 83a1 PHYSICIAN _____
Of autopsy _____
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) _____
(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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTAL

10307