

FILED APR 12 1944

Registration District No. 70

Primary Registration District No. 47-2-45280 Registrar's No. 26

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

1. PLACE OF DEATH

(a) County Clark
(b) City or town Kahoka Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lincoln Jun
(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 Bessie O. Marmion

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emmet Marmion 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 18-1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 20 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER

12. Name Wm H. Halcomb

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

14. Maiden name Elizabeth M. Cornish

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

16. (a) Informant Miss Maggie Halcomb

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof Mar 11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashton Co.

18. (a) Signature of funeral director J. H. ...

(b) Address Kahoka Mo.

19. (a) 3-9-44 (b) Perry S. Boston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town Kahoka 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 8, year 1944 hour _____ minute 1:30 P.

21. I hereby certify that I attended the deceased from Mar 5, 1944 to Mar 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions Influenza
(Include pregnancy within 3 months of death) 3 days

Major findings: Of operations _____

Of autopsy 940

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) Means of injury _____

23. Signature Perry S. Boston (M.D. or other) Do

Address Kahoka, Mo. Date signed 3-9-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1275

RECEIVED

District Health Officer No. 10

District File Number 4-44-716

Date Filed APR 8 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

Olis L. Luttering

Licensed Embalmer No. 12965

P. O. Address Lurray

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.