

No. 2  
-5-43  
5-17-39  
I X3687

FILED MAY 11 1944  
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
124 Park Lane Apt.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 124 Park Lane Apt.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GEORGE L. MARKLEY

3. (b) If veteran, name war none

3. (c) Social Security No. 708-10-9500

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence L. Markley

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 10 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>0</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation cashier

11. Industry or business Rock Island

12. Name Truman E. Markley

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

14. Maiden name Mary Alice Hayes

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

16. (a) Informant Mrs. George L. Markley

(b) Address 124 Park Lane Apt.

17. (a) burial (b) Date thereof 4/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Hester Bethe + Cowman

(b) Address 319 South 10th

19. (a) 3/29/44 (b) Rose Hertzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1944 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Mar 29, 1944  
that I last saw him alive on Mar 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arricular Fibrillation Duration 3 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 950

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) no

(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 H. O. Wessley (M. D. or other)

Address St Joseph mo Date signed 3-29-44

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

MOTHER FATHER

1533

Dr. M. D. F. early  
1947, body.

AUG 22 1947

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 Frank A. Brennan

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.