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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15068

FILED MAY 1 1944

Registration District No. 3 Primary Registration District No. 5643 Registrar's No. 7

**1. PLACE OF DEATH:**

(a) County LAFAYETTE

(b) City or town CONCORDIA RURAL FREEDOM TWP (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 years, months or days) In this community ALL HIS LIFE

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town CONCORDIA MO RURAL (If outside city or town limits, write "RURAL")

(d) Street No. 7 MI NORTH + WEST CONCORDIA MO (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** IRVIN WILLIAM MARING

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 MIRIAM ANNA MARING

6. (c) Age of ~~husband~~ or wife if alive 45 years

7. Birth date of deceased MAY (Month) 31 (Day) 1893 (Year)

8. AGE: Years 50 Months 9 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JULIUS J. MARING
13. Birthplace CONCORDIA MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSA C. BRUNS
15. Birthplace CONCORDIA MO (City, town, or county) (State or foreign country)

16. (a) Informant MRS IRVIN MARING

(b) Address CONCORDIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 8 1944 (Month) (Day) (Year)

(c) Place: burial or cremation METHODIST CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) March 6-1944 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MARCH day 3 year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Dec-43, 19__, to 3-3-44, 19__; that I last saw him alive on 3-2-44, 19__; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchial Carcinoma | 6 mo |
| Due to | |
| Due to | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R F McKinney (M. D. or other) MD

Address Warrenton Mo Date signed 3-4-44

(Licensed Embalmer's Statement on Reverse Side)

4-29-44.

**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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. S. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**