7. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

Registration District No. 174

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4186

State File No. 24614

Registrar's No. 25

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Sullivan (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location) 1

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 36 4 0

(c) City or town: Sullivan, (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME: Margret Deane Marke

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Edward Marke

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

7. Birth date of deceased: Dec. 30th. 1878 (Month) (Day) (Year)

8. AGE: Years 66 | Months 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: Hiland, Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

FATHER 12. Name: Jacob Klauser

FATHER 13. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER 14. Maiden name: Margaret Walls,

MOTHER 15. Birthplace: Germany (City, town, or country) 4 (State or foreign country)

16. (a) Informant: Edward Marke

(b) Address: Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-1-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Sullivan, Mo.

18. (a) Signature of funeral director: J. T. Williams

(b) Address: Sullivan, Mo.

19. (a) 7-1-44 (Date received local registrar) (b) Gilbert Gilhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th. 1944 year ..... hour 1 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 1-16-43, 19..., to 6-12, 1944 that I last saw her alive on 6-12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Chronic Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93d	
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: L. R. Garner (M. D. or other) DO

Address: Sullivan, Mo. Date signed 6/30/44

112-1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer, No. 9

District File Number .....

Date Filed 7-20-44

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 .....

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

working under my personal supervision.

Signed J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.