

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(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  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Paralee 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, widowed

6. (b) Name of husband or wife Johnnie Marbut 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased March 6-1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business (Retired)

12. Name James Kennedy

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Naomi Clement

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rena Smith

(b) Address 114 - Broadway, Monett

17. (a) Burial (b) Date thereof July - 19-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director E. H. Blumensold

(b) Address Monett, Mo.

19. (a) July 18, 1944 (b) Audna Wulbroughley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry  
(c) City or town Monett (If outside city or town limits, write "RURAL")  
(d) Street No. 114 - Broadway (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from March 14 - 1944 to July 18 - 1944 that I last saw her alive on July 17 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension, Atherosclerosis and hypercholesterolemia

Due to / Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations / Of autopsy /

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: [Signature] (M. D. or other) / Address: Monett, Mo. Date signed: 7-18-44

Duration / PHYSICIAN / Underline the cause to which death should be charged statistically.

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

13550

RECEIVED

District Health Officer No. 6,

District File Number 844-903

Date Filed AUG 14 1944

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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 Manett, 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.