

No. 2  
9-43  
17-39  
X37823

FILED AUG 25 1944

Registration District No. 177

Primary Registration District No. 5356

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Dallas

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

(c) Name of hospital or institution: Wilson Hosp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 34 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Phillisburg 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 \_\_\_\_\_

3. (a) PRINT FULL NAME DAVID SHELBY MARRS

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

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 21 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 14 . If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clay Co Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Muldy MARRS

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

14. Maiden name Rebecca Feeley

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

16. (a) Informant Jessie MARRS

(b) Address Rockford Iowa

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

(c) Place: burial or cremation Phillisburg

18. (a) Signature of funeral director R B Jones

(b) Address Buffalo Mo

19. (a) July 29 1944 (b) mo. A. D. Hower  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1944 hour 10 minute 0 P.M.

21. I hereby certify that I attended the deceased from May 23 1944 to May 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
& myocardial degeneration

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

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

Other conditions 93d  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Sanctin B. Knauer (M. D. or other) P.O.

Address Lebanon, Mo. Date signed 7/26/44

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

2000 100 6210

RECEIVED

Public Health Officer No. 7;

Index Number: 7-44-972

Date Filed 8-23-44

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 *Leonard B. Jones*.....

Licensed Embalmer No. 2508

P. O. Address *Buffalo, N.Y.*

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.