

FILED SEP 3 1944

Registration District No. 50

Primary Registration District No. 3076

Registrar's No. 94

1. PLACE OF DEATH:

(a) County... VERNON  
(b) City or town... NEVADA  
(c) Name of hospital or institution... NEVADA CITY HOSPITAL  
(d) Length of stay: In hospital or institution... 1 day  
In this community... 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... Bates  
(c) City or town... Rich Hill  
(e) Citizen of foreign country? No  
If yes, name country...

3. (a) PRINT FULL NAME... CARL F. MARQUARDT

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex... M P 5. Color or race... W 6. (a) Single, widowed, married, divorced... 1

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

7. Birth date of deceased... OCT 10 - 1874

8. AGE: Years 69 Months 9 Days 30 If less than one day hr. min.

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

10. Usual occupation... GROCERY MAN

MOTHER FATHER

11. Industry or business

12. Name... Ferdinand Marquardt

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

14. Maiden name... Eger

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

16. (a) Informant... Fred Marquardt

(b) Address... Rich Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 8-13-44

(c) Place: burial or cremation... Lutheran Cem.

18. (a) Signature of funeral director... Booths

(b) Address... Rich Hill Mo.

19. (a) 8-18-44 (Date received local registrar) (b) Hazel B. Beard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Aug day 9 year... 1944 hour... 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1944 to Aug 9, 1944 that I last saw him alive on Aug 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death... Ruptured gastric Ulcer 36 hrs  
Due to... Gastric Ulcer + Gastritis ?

Due to... Anemia  
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... None  
Of autopsy... Ruptured ulcer gastric

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?  
(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... W. H. Allen M.D.  
Address... Nevada, Mo. Date signed... 8/15/44

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

RECEIVED

District Health Officer No. 7A

District File Number 8-44-1209

Date Filed 9-17-44

OCT 16 1944

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 *John G. Woodward*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler 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.