

FILED OCT 19 1944

Registration District No. 6

Primary Registration District No. 5744

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Rural Cockrell Township  
(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 -  
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile south of Hamden  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Elizabeth Angela Marek

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Thomas Marek 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased February 9 1900  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1944 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 5 1942 to Oct 8 1944 that I last saw her alive on Aug 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descending colon Duration 2 yrs.

8. AGE: Years 44 Months 7 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business -

12. Name Joseph Nanneman  
13. Birthplace Oldenburg Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Kaho  
15. Birthplace Quincey Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Marek  
(b) Address Rural Salisbury, Missouri  
17. (a) burial (b) Date thereof Oct 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immaculate Conception Cemetery  
18. (a) Signature of funeral director Chas. B. Wilhelm  
(b) Address Salisbury, Mo.  
19. (a) 10/17/44 (b) R. K. Gibson  
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) -

Major findings: Of operations Carcinoma of descending colon  
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 0  
23. Signature J. L. Hanson (M. D. or other) MD  
Address Salisbury Mo Date signed 10-8-44

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

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-18-44

OCT 25 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

Chas B Winhelmeyer

Licensed Embalmer No.

38420

P. O. Address

Salisbury, 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.