

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1814

FILED FEB 15 1945

Registration District No. 79

Primary Registration District No. 5135

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fish Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stephen F. Marler

3. (b) If veteran, name war --- 3. (c) Social Security No. 498-10-1003

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Mary Marler 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased July - 14 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 28 hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name Stephen Marler
13. Birthplace Mo. (City, town, or county) (State or foreign country) 9
14. Maiden name Mo.
15. Birthplace Mo. (City, town, or county) (State or foreign country) 4

16. (a) Informant Mary Marler

(b) Address Fish Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Quin

18. (a) Signature of funeral director Landustson

(b) Address Campbell Mo.

19. (a) 1-20-45 (Date received local registrar) (b) Belle Keene (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12
(c) City or town Fish Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1945 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from 7/1 1945 to 7/7/45 1945
that I last saw --- alive on 7/7/45 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration
Chronic myocarditis
Cardiac decompensation
Due to I did not see him
out the entire time
Due to no other doctor
seen him
Other conditions (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 J. DeStavell (M. D. or other) Address near Bluff Mo Date signed 1/17/45

42

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1945

RECEIVED

District Health Office No. 2,

District File Number 245-194

Date Filed 2-7-45

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 *E. W. Anderson*

Licensed Embalmer No. 3289

P. O. Address.....

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.