S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40427

Registration District No. 15 Primary Registration District No. 5069 Registrar's No. 70

1. PLACE OF DEATH:

(a) County BARTON

(b) City or town RURAL LAMAR Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 MI N LAMAR, MO 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 YR 8 M
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BARTON 6

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 MI N LAMAR MO 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME EVERETT HARRISON MARKLEY

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LEOTA MARKLEY

6. (c) Age of husband or wife if alive 5-6 years

7. Birth date of deceased SEPT (Month) 11 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	3	11	— hr. — min.

9. Birthplace — (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation RESTRAUNT OWNER

11. Industry or business RETIRED

FATHER
12. Name OLIVER MARKLEY
13. Birthplace — (City, town, or county) KANSAS 1 (State or foreign country)

MOTHER
14. Maiden name ANNA SHEPPARD
15. Birthplace — (City, town, or county) KANSAS 1 (State or foreign country)

16. (a) Informant Mrs Leota Markley

(b) Address R3 Lamar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery Nevada Mo.

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address Lamar, Mo

19. (a) DEC 12 1945 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1945 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from — , 19..., to — , 19...
that I last saw h..... alive on ..... , 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Died Suddenly - no medical attendant

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? (e) Means of injury .....

23. Signature C. E. Duckett (M. D. or other) M.D.

Address Lamar Mo Date signed 12-12

1413 (Licensed Embalmer's Statement on Reverse Side) Coroner Barton Co, Mo, 1945

RECEIVED
District Health Officer No. 6,
District File Number 146-25
Date Filed JAN 8 1946

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.....

Licensed Embalmer No. 4187

P. O. Address 1201 Bdwy LAMAR, 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.