

No. 2
-2-43
-17-39
X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6180

Registration District No. 155 Primary Registration District No. 3127 State File No. 6180 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 419 North Hall - 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 19 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 419 N. Hall
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES ALLEN MARKSBURY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3
year 1946 hour 1 minute 20 P. M.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov 26 1945 to Feb. 3 1946
that I last saw him alive on Feb 2 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 11 1858
(Month) (Day) (Year)
8. AGE: Years 87 Months 4 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death Cardio-renal Vascular Disease
Duration _____

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Painter

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 131
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name John R. Marksbury
13. Birthplace no data (City, town, or county) (State or foreign country)
14. Maiden name no data
15. Birthplace no data (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Alice E. Marksbury
(b) Address 419 N. Hall Webb City Mo
17. (a) Burial (b) Date thereof 2/5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. H. Howe Cemetery
18. (a) Signature of funeral director W. H. Howe
(b) Address Webb City Mo
19. (a) 2-4-46 (b) J. C. Brubaker
(Date received local registrar) (Registrar's signature)

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. C. Brubaker (M. D. or other) _____
Address Webb City Mo Date signed 2/4/46

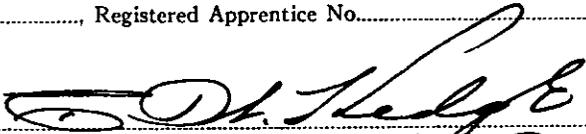
WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

46-2-168

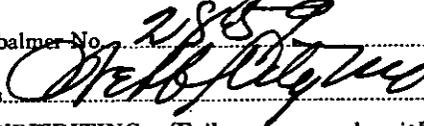
STATEMENT BY LICENSED EMBALMER

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. ²⁸⁵⁹.....

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.