

3. No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9219

State File No.

Registrar's No. 20

Registration District No. 382

Primary Registration District No. 4230

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Amurhey
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 56 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howard
(c) City or town Amurhey (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Danney Marcella Marklund
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 17 year 1946 hour 8 minutes 0 M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced w
(b) Name of husband or wife John Marklund 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 9-15-1854 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25th 1945 to March 16 1946
that I last saw her alive on March 14 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 6 Days 1 If less than one day hr. min.

Immediate cause of death Myocardial degeneration
Due to Infarction of Myo
Due to

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

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

10. Usual occupation at home

Major findings:
Of operations
Of autopsy 93d
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business at home
12. Name Chas L. McConnaughy
13. Birthplace Va (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Terry
15. Birthplace Hay (City, town, or county) (State or foreign country)

16. Informant Vallie Brown
(b) Address Amurhey Mo

17. (a) burial (b) Date thereof 3-18-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Chapel

18. (a) Signature of funeral director Fred A. Thompson
(b) Address Amurhey Mo

19. (a) 3/21/46 (b) Joe King (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 W. T. Benincasa (M. D.)
Address Amurhey Mo Date signed 3/21/46

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

8143

15-88

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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 *Mrs. Fred A. Thompson*

Licensed Embalmer No. *32812*

P. O. Address *Madison Wis*

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.