

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29385

Registration District No. 3101 Primary Registration District No. 6227 Registrar's No.

1. PLACE OF DEATH:
(a) County Wenonah
(b) - City or town Manassas Dayville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wenonah
(c) City or town Manassas
(If outside city or town limits, write "RURAL")
(d) Street No. 529 S Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lonnie Lester Marple
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17
year 1946 hour 5 minute A.M.
21. I hereby certify that I attended the deceased from
April 1 1946, to July 17 1946;
that I last saw him alive on July 10 1946;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 29 1896
(Month) (Day) (Year)

Immediate cause of death _____
Carcinoma of the prostate with metastasis to the pelvis
Due to _____
Due to _____
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings: none
Of operations: none
Of autopsy: none

8. AGE: Years 69 Months 9 Days 18
If less than one day _____ hr. _____ min.

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 _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Geary Marple

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

14. Maiden name Martha Garnett

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

16. (a) Informant Alma H. Lester
(b) Address 529 S Washington

17. (a) Burial (b) Date thereof July 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director: Frank Thomas
(b) Address Manassas, Mo.
19. (a) Aug 10 - 46 (b) Betha Single
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Moore Bldg. Nevada, Mo. Date signed 7/23/46

Duration
6 2/30

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

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

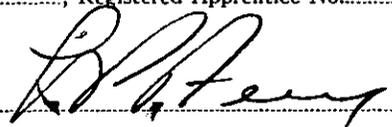
RECEIVED

Dis. Health Officer No. 7;
Dist. _____ 7-46-813
Date Filed _____ 8-13-46

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. 1760

P. O. Address Nevada, 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.

Registration District No. 361

Primary Registration District No. 6227

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Moundville
(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 _____ (Specify whether)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME

James L. Maple

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color w race _____ 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 29 (Month) 1946 (Year)

8. AGE: Years 69 Months 9 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 10, 46 (Date received local registrar) (b) Bertha Single (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 17 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____ Of autopsy _____ 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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

29-385