No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30924
State File No.

FILED SEP 25 1946
Registration District No.

Primary Registration District No. 5714

Registrar's No. 23

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Pineville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community None

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonld 60
(c) City or town Pineville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Eudora Marrs
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex female /
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H.L. Marrs
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased October (Month) 15th (Day) 1888 (Year)
8. AGE: Years 57 Months 10 Days 28 If less than one day hr. min.
9. Birthplace Pea Ridge (City, town, or county) Arkansas / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name R.L. Bone
13. Birthplace Jackson (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name Lovena Vansandt
15. Birthplace Benton (City, town, or county) Arkansas / (State or foreign country)
16. (a) Informant H.L. Marrs
(b) Address Pineville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Pineville Cemetery
18. (a) Signature of funeral director J. M. Humphrey
(b) Address Pineville Missouri
19. (a) 9-21-46 (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1946 hour 4 minute 55p M.
21. I hereby certify that I attended the deceased from May 1 1946 to Sept 13 1946 that I last saw her alive on Sept 13 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Cancer of Lungs	18 mo
Due to Cancer of Breast (left)	2 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Cancer	
Of autopsy 50	

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 [illegible] M.D. (M.D. or other)
Address Pineville Mo Date signed 9/24/46

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

179 (Licensed Embalmer's Statement on Reverse Side)

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.....

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.