S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32510

FILED OCT 8 1946

Registration District No. 365 Primary Registration District No. 6240 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Harmony
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Palmer Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Delila Marler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 11 (Day) 1866 (Year)

8. AGE: Years 89 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None Retired
11. Industry or business None "
MOTHER FATHER
12. Name Thomas Crump
13. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Green
15. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Myrtle Simes
(b) Address Cantwell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bilin Cemetery
18. (a) Signature of funeral director Mrs. Luther Spock
(b) Address Potosi Mo.
19. (a) 9-27-46 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from June 10, 1946, to July 1, 1946, that I last saw her alive on June 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart Lesion.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 95C
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? Means of injury 0
23. Signature Joseph L. Thurman (M. D. ~~Coroner~~)
Address Potosi, Mo. Date signed 7/9-46

330 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1046-2697

Date Filed 10-5-46

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.