

Registration District No. **1946 8**

Primary Registration District No. **5762**

Registrar's No. **51**

1. PLACE OF DEATH: **Marion**
 (a) County: **Marion**
 (b) City or town: **Emerson**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Round Grove Township**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **Life Time** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Thomas Bowles Marksbury**
 3. (b) If veteran, name war: **No**
 3. (c) Social Security No.: **492-28-1655**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
 6. (b) Name of husband or wife: **Lula Pendry** 6. (c) Age of husband or wife if alive: **65** years
 7. Birth date of deceased: **May 4 1877**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 79 6 9 hr. min.

9. Birthplace: **Marion County Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Teacher & carpenter**

11. Industry or business Name: **John E. Marksbury**

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

14. Maiden name: **Mollie Bowles Emerson, Missouri**

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

16. Informant: **Mrs. T.B. Marksbury**
 Address: **Emerson, Missouri**

17. Burial: (b) Date thereof: **11/15/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 Place: burial or cremation: **Emerson, Missouri**

18. (c) Signature of funeral director: **Lewis Brown**
 (b) Address: **Palmyra Missouri**

19. (a) **11-14-46** (b) **Viola Green**
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **13**
 year **1946** hour **8** minute **0** A.M.

21. I hereby certify that I attended the deceased from **Oct 1 1946** to **Nov 8 1946**
 that I last saw him alive on **Nov 1 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Lymphatic Leukemia**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: **M4A**
 Of autopsy: _____

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) (c) Means of injury _____

23. Signature: **J. J. Kelly M.D.** (M. D. or other)
 Address: **Palmyra Mo.** Date signed: **11/13/46**

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

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

MOTHER FATHER

COPIES OF THIS STATE DEPT. OF COMMERCE

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..... *Ross Lewis*.....

Licensed Embalmer No..... *2382*.....

P. O. Address..... *Almyra 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of.....
County of..... } ss.

State File No. Des Audet's
Local Registrar's No. 51

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of ^{birth-} death
for Thema B. Marksbury, died nov: 13, 1946, on the State of
^{born} Missouri, and which was filed at Jeff City, Mo on....., 1946 should be corrected as follows:

Item No. 7 should read may 4 1878

Instead of..... may 4 1867

Item No. 8 should read 68 - 6 - 9

Instead of..... 79 - 6 - 9

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Edm. Luecke none
Relationship.

Honolulu Mo
Present Address.

Subscribed and sworn to before me this 6th day of December, 1946.

My Commission expires Aug 12, 1949 Notary Public Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

37750