

BUREAU OF THE CENSUS
FILED DEC 24 1946

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town LEBANON RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 66 WEST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ALWAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town LEBANON 2
(If outside city or town limits, write "RURAL")

(d) Street No. 66 WEST
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTIS L. MARCUM

3. (b) If veteran, name war WORLD WAR 2. 3. (c) Social Security No. 500-05-9323

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 9
year 1946 hour 8 minute P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MAY 4 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
30 7 5 hr. min.

Immediate cause of death
GUN SHOT WOUND
BULLET WENT THROUGH
HEART.

9. Birthplace LEBANON MO Mo Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation LABORER

11. Industry or business TRUCK DRIVER

Other conditions
(Includes pregnancy within 3 months of death)

MOTHER FATHER

12. Name B. M. MARCUM

13. Birthplace WRIGHT CO Mo Mo
(City, town, or county) (State or foreign country)

14. Maiden name CORA KNIGHT

15. Birthplace LACLEDE CO Mo Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations NO

Of autopsy _____

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

16. (a) Informant B. M. Marcum

(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 12-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE 053

(b) Date of occurrence DEC. 9, 1946

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Dec 21, 1946 (b) On _____
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? LEBANON LACLEDE MA
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOME

While at work? No (Specify type of place) (c) Means of injury 22 RIFLE

23. Signature R. Palmer (M.D. or other) _____
Address LEBANON MO Date signed 12/10/46

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

Received

Laclede County Health Unit

File No.

Date Filed

JAN 13 1947

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 *Allyn Dethuge Hooker*

Licensed Embalmer No. 4333

P. O. Address *Lebanon 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.