

S. No. 2
M-5-43
5-17-39
I X3647

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3784

State File No.

Registrar's No.

FILED FEB 13 1947
Missouri District No. 22

Primary Registration District No. 6271

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster // 2

(c) City or town Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. Washington Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Ola Jane Marlin

(b) If veteran, name war X

(c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1947 hour _____ minute _____ A.M.

21. I hereby certify that I attended the deceased from FEB. 1 1946 to JAN. 15 1947

that I last saw her alive on JAN. 10 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Robert Roscoe Marlin 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May - 24 - 1888
(Month) (Day) (Year)

Immediate cause of death 1) MYOCARDIAL INSUFFICIENCY CHRONIC.
2) CEREBRAL HEMORRHAGE,

Due to A CUTE

Duration 2 YRS.

8. AGE: Years Months Days If less than one day

58 7 21 X hr. X min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: S-3A

Of operations

Of autopsy NONE.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Robert Myers

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

14. Maiden name Mary King

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

16. (a) Informant Robert R. Marlin

(b) Address Conway, Missouri

17. (a) Burial (b) Date thereof 1-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke

18. (a) Signature of funeral director Lee J. King

(b) Address Marshfield, Missouri

19. (a) 2/5/47 (b) J. S. McKinney
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. S. McKinney, M.D. (M. D. or other) _____
Address Waukegan, MO Date signed 4/20/1947

RECEIVED

District Health Officer No. 6,

District File Number 247-216

Date Filed FEB 11 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 _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.