

S. No. 2
M-5-43
5-17-39
P 1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7792

State File No. _____

FILED MAR 21 1947
Registration District No. 13

Primary Registration District No. 5061

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
6 mi N of McDowell
(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 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 6 mi N of McDowell
(If rural, give location)

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

3. (a) PRINT FULL NAME Blanche Eller MARBUT

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 M

6. (b) Name of husband or wife Horchell David Marbut

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 14, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 10
If less than one day: -- hr. --- min.

9. Birthplace Barry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Alen Baker

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

14. Maiden name Martha Mackey

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

16. (a) Informant Mr. H. D. Marbut

(b) Address RFD, Verona, Mo.

17. (a) Burial (b) Date thereof 2/26/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calton Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) 3-1-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th.
year 1947 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10 to 19
that I last saw her alive on Feb 24
and that death occurred on the date and hour stated above.

Immediate cause of death
Percussion of lungs.
Small Calton, Golden Mo.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46E

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? _____

23. Signature [Signature] (M. D. or other) 20
Address Verona, Mo. Date signed 2-25-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,
District File Number 347-331
Date Filed MAR 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 W.C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.