

FILED MAR 24 1947

Registration District No. **194**

Primary Registration District No. **3038**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **LINN**

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

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

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

In this community **16 mo**
years, months or days

3. (a) PRINT FULL NAME **JAMES MARKS**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **male** **5. Color or** **white** **6. (a) Single, widowed, married,** **divorced** **married**

6. (b) Name of husband or wife **Sarah E. Marks** **6. (c) Age of husband or wife if** **alive** **67** **years**

7. Birth date of deceased **Jan 3 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	5	hr. 45 min.

9. Birthplace **Belgium Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Mining**

11. Industry or business _____

12. Name **Unknown** **6**

13. Birthplace **Pilsan Czechoslovakia**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna** **6**

15. Birthplace **Pilsan Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Marks**

(b) Address **Bucklin Mo.**

17. (a) Burial **(b) Date thereof** **Mar 10, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mariane Gym**

18. (a) Signature of funeral director **Sarah Marks**

(b) Address **Bucklin Mo.**

19. (a) Mar 8, 1947 **(b) Walter B. Erwin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Linn 58**

(c) City or town **Bucklin**
(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 **Mar** day **8**
year **1947** hour **4** minute **a.** M.

21. I hereby certify that I attended the deceased from **Jan 15, 1946** **to** **Mar 15, 1947**
that I last saw him alive on **Mar 15, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Venous Insufficiency**
Respirits
Due to **late Venous Insufficiency**

Duration **3 yr.**

Other conditions: **Senility**
(Include pregnancy within 3 months of death)

Major findings: **131A**
Of operations _____
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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. B. Erwin** (M. D. or other) **MO**
Address **Bucklin Mo.** Date signed **3-8-47**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1941 APR 21

APR 21 1941

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *E.A. Larson*

Licensed Embalmer No. *4037*

P. O. Address..... *Bucklin, 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.