

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23161

State File No. ....

FILED JUL 10 1947

Registration District No. 353

Primary Registration District No. 6196

Registrar's No. 12

1. PLACE OF DEATH:

(a) County... Texas

(b) City or town... Rural Shenell  
(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  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MS (b) County... Texas 107

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

(d) Street No... 6 Mi NW of Hickory 3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Frank Lorenzo Marr

3. (b) If veteran, name war... ✓

3. (c) Social Security No. 500-12-8182

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1947 hour 15 minute - 8 M.

4. Sex... M 0

5. Color or race... W

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

6. (b) Name of husband or wife... Anna Marr

6. (c) Age of husband or wife if alive... 64 years

7. Birth date of deceased... Oct 14 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
nose 1945 to May 27 1947  
that I last saw h... alive on May 25 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 13  
If less than one day hr. min.

Immediate cause of death: Cancer - started in breast -  
illegible and affected 2  
Due to... to cancer & clots 2 1/2 hrs

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

10. Usual occupation... Farming

11. Industry or business...

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

Major findings: Of operations... 46

Of autopsy...

MOTHER FATHER

12. Name... Joel Marr

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

14. Maiden name... Polly Howell

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

16. (a) Informant... J. B. Marr

(b) Address... Licking MO

17. (a) Burial, cremation, or removal... Rural Shenell  
(b) Date thereof... 5-30-47  
(Month) (Day) (Year)

(c) Place: burial or cremation... Shenell Cem

18. (a) Signature of funeral director... Smith Ferguson

(b) Address... Licking MO

19. (a) 6-14-47 (b) Palmera Nesse  
(Date received local registrar) (Registrar's signature)

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) (e) Manner of injury... 0

23. Signature... J. B. Marr (M. D. or other) 0  
Address... Licking MO Date signed 5/28/47

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

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

RECEIVED

District Health Officer No. 5,

District File Number 747346

Date Filed 7-8-47

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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 Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking, 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.**