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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 9 1947**  
Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24012  
Registrar's No. 46

Primary Registration District No. 139

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

1. PLACE OF DEATH:  
(a) County Holt  
(b) City or town Oregon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 15 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Holt  
(c) City or town Oregon  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie Lemora Marriner  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 30  
year 1947 hour 11 minute 30 P. M.

4. Female sex / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Samuel P Marriner  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased: May 18 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15 1947 to July 30 1947  
that I last saw her alive on July 29 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 2 Days 12  
If less than one day \_\_\_\_\_ min.

Immediate cause of death: Cerebral thrombosis  
Duration 2 weeks

9. Birthplace Stark County Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy None

MOTHER FATHER  
12. Name John W. King  
13. Birthplace Stark Co. Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Ora A. Bacon  
15. Birthplace Stark Co. Illinois  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Samuel P. Marriner  
(b) Address Oregon, Missouri  
17. (a) Burial (b) Date thereof Aug 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oregon, Missouri  
18. (a) Signature of funeral director James H. Pettigrew  
(b) Address Oregon Mo  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Data 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? None  
(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) Means of injury \_\_\_\_\_  
23. Signature C. F. Newberry (M. D. or other) \_\_\_\_\_  
Address Oregon Mo Date signed 7.31.47

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..... *James H. Pettijohn* .....

Licensed Embalmer No..... *3192* .....

P. O. Address..... *Oregon 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.