S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 9 1947

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

28795

State File No.

Registrar's No. 288

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington R. St. Francois
(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 (Specify whether
In this community years, months or days) Thirty Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois 94
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lorena Marks
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife David P. Marks
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1870 (Year)

8. AGE: Years 77 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Oak Ridge, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Home Maker
11. Industry or business

MOTHER FATHER
12. Name James N. Daugherty 0
13. Birthplace Cape Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ingabo Brakenridge
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Daugherty
(b) Address Bonneterre, Mo.
17. (a) B. (Burial, cremation, or removal) (b) Date thereof Aug. 25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview, Farmington
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 8-26-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1947 hour 10 minute 50p M.
21. I hereby certify that I attended the deceased from June 1, 1947, to Aug 22, 1947, that I last saw her alive on Aug 21, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 Days
Due to: Cardiac Renal Vascular Disease	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Geo. L. Watkins (M. D.)
Address Farmington Mo. Date signed Aug 26-1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 947-1149

Date Filed 9-8-47

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 H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.