

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34266

Registration District No. 133

Primary Registration District No. 4206

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
West part of New Hampton
(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 Two years 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison #1

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

(d) Street No. West part of New Hampton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Barbra Jessie Marrs

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 L. D. Marrs

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug 2 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Kentucky County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name William Stevenson

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant L. D. Marrs

(b) Address New Hampton

17. (a) Burial (b) Date thereof Sept 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carter Cemetery

18. (a) Signature of funeral director W. S. Noble

(b) Address New Hampton Mo

19. (a) Sept 17 47 (b) Zola Burress
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1947 hour 4 minute 20 a.m.

21. I hereby certify that I attended the deceased from Jan 1, 1946, to Sept 8, 1947
that I last saw him alive on Aug 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Aneurysm

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to 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? _____

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

23. Signature J. Wilson (M. D. or other) _____
Address New Hampton Mo Date signed Sept 8 47

DISTRICT HEALTH OFFICE
Cameron, Mo.

SEP 1 1950

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 me

....., Registered Apprentice No. ~~2907~~
working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.