

No. 2
2-45
7-39
X47070

FILED DEC 15 1947

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1437

1. PLACE OF DEATH:

(a) County Buena Vista
(b) City or town Shelburne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 7 mos 27 days
(Specify whether years, months or days) 2 yrs - 7 mos - 27 days

3. (a) PRINT FULL NAME Daniel Markk

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Markk 6. (c) Age of husband or wife if alive 65 YRS
7. Birth date of deceased ok 7 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 24 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business at home

12. Name Fredrick Markk

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

14. Maiden name Bertha Schrak

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

16. (a) Informant Mrs Bertha Markk

(b) Address Oregon Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-2-47
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon Mo

18. (a) Signature of funeral director James H. Pettigah

(b) Address Oregon Mo

19. (a) 12-3-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 305

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Halt
(c) City or town Rural, 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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1947 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1947
to 12-1-47 1947 to 12-1-47 1947
that I last saw him alive on 12-1-47 1947
and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis Duration 2 years

Due to arteriosclerosis 10 years

Due to _____

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

Major findings: _____
Of operations 93 h

Of autopsy _____

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)

(e) Means of injury 0

23. Signature Forest Thomas (M. D. or other) 0

Address State Hospital # 7 Date signed 12/2/1947

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

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. Pettigrove*.....
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.