S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38995

FILED DEC 2 1947

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: 315 3rd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Yr 6months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Monroe City Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. 315. 3rd Street 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country XXXXXX

3. (a) PRINT FULL NAME Gerold Bruce Marlow

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. XXXXXXX

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased June (Month) 10 (Day) 1946 (Year)

8. AGE: Years 1 Months 5 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Forrest G Marlow
13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Abigail Owens
15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Abigail Marlow
(b) Address Monroe City Mo

17. (a) Burial (b) Date thereof 11/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Cemetery

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Missouri

19. (a) 11-28-47 (b) Olive Little
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1947 hour 12 minute 41 P.M.

21. I hereby certify that I attended the deceased from July 3, 1947 to Nov. 26, 1947; that I last saw him alive on Nov. 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 Da.
Due to Chronic Nephritis	5 Mo.
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 .....

23. Signature John H Ritter (M. D. or other)
Address Monroe City, Mo. Date signed Nov 28

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

RECEIVED
District Health Officer No. 10
District File Number 12-47-1631
Date Filed DEC - 1 1947

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. ..... working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Alamo City 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.