

S. No. 2
DM-5-43
5-17-48
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8284

State File No. _____

Registration District No. ~~5324~~

Primary Registration District No. ~~5324~~ 5324

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Rural Boone Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bourbon Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford

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

(d) Street No. Bourbon, Mo. Rt. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harve Ranger Marks

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 28, 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1948 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1/29, 1948,
that I last saw him alive on 1/29, 1948,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>1</u>	hr. min.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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

11. Industry or business Farm

12. Name Benj. Marks

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

14. Maiden name Anna Smith

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

16. (a) Informant Mrs. Telitha Marks

(b) Address Bourbon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb/1/48
(Month) (Day) (Year)

(c) Place: burial or cremation I.O.C.F. - Sullivan, Mo.

18. (a) Signature of funeral director W. J. Stoffer

(b) Address Sullivan, Mo.

19. (a) 1/30/48 (Date received local registrar) (b) [Signature] (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? _____
(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 [Signature] (M. D. or other)

Address Sullivan, Mo. Date signed 1/30/48

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

MOTHER FATHER

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

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

Sullivan, 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.