S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11284

Registration District No. 358 Primary Registration District No. 4523 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Schell City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Schell City 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) 0
If yes, name country

3. (a) PRINT FULL NAME Samuel Edward Marmoy
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leona Bell Marmoy
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April (Month) 5 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	11	29	— hr. — min.

9. Birthplace Columbus (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Samuel Joshua Marmoy
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Mary Sheffield
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs. E. C. Raveill
(b) Address R.R. 2 Hickman Mills Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 7 (Day) 1948 (Year)
(c) Place: burial or cremation Floral Hill Cemetery
18. (a) Signature of funeral director Lewis & Son
(b) Address Schell City, Mo
19. (a) April 5-1948 (Date received local registrar) (b) Mrs. Sarah E. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1948 hour 7.30 PM minute M.
21. I hereby certify that I attended the deceased from March 29, 1948, to April 4, 1948; that I last saw him alive on April 3rd, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 X a	
Major findings: Of operations	
Of autopsy no	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. W. Gray (M. D. or other)
Address Schell City Mo Date signed 4-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-404
Date Filed 4-14-48

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Lebell 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.