FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22854

FILED AUG 9 1948

Registration District No. 120

Primary Registration District No. 2000

Registrar's No. 640

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 423 E. Elm Street 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: George Armond Marcell

3. (b) If veteran, name war: [redacted]

3. (c) Social Security No.: 7

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Maude Marcell

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: January (Month) 9 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	6	25	hr. min.

9. Birthplace: Manchester, (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Pattern Maker

11. Industry or business: Pattern Maker

FATHER
12. Name: UNKNOWN 9
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant: George D. Marcell (son).
(b) Address: Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: MAPLE PARK

18. (a) Signature of funeral director: J.W.Klingner & Co.
(b) Address: Springfield, Missouri

19. (a) 8-2-48 (Date received local registrar) (b) W.E. Hendley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 26, 1948, to July 31, 1948, that I last saw him alive on July 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	5 da.
Due to: Arteriosclerosis	
Hypertension	
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: Don J. Silsby (M. D. or other) MD
Address: Springfield, Mo. Date signed: 7-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1948

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. Ogle Sloane Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.