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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33629

State File No. \_\_\_\_\_  
Registrar's No. 253

Registration District No. 25

Primary Registration District No. 3046

4  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Marysville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Francis Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 days years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Atchison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3/4 mi N. of Rock Port, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PEARL PRIOR  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
22. DATE OF DEATH: Month OCT day 23  
year 1948 hour 8:30 am minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 19 Oct 48  
to 23 Oct 48, 1948, to 23, 1948;  
that I last saw him alive on Oct 22, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 15, 1873  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Cardiac Failure Duration 24 hrs.  
Due to Post operative hemorrhage & small bowel resection 12 hrs.  
Due to gangrene - small bowel  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 3 Days 8 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.  
9. Birthplace Brown Co. Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Major findings: \_\_\_\_\_  
Of operations gastrostomy, small bowel resection, ileostomy, Pt. inguinal hernia  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business Farming  
12. Name Stephen Prior  
13. Birthplace Unknown Unknown  
(City, town or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town or county) (State or foreign country)  
16. (a) Informant Mrs Ernest Perry  
(b) Address Rock Port, Mo.  
17. (a) Removal & Burial Date thereof 10-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fairfax, Mo.  
18. (a) Signature of funeral director Marvin H. Deibel  
(b) Address Fairfax, Missouri  
19. (a) 10-30-48 (b) Bess  
(Date received local registrar) (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) (e) Means of injury 0  
23. Signature W. R. Engle (M. D. or other) M.D.  
Address Rockport, Mo. Date signed 10-26-48

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 Asley

R. Tucker, Registered Apprentice No. 478  
working under my personal supervision.

Signed Marvin N. Schaefer

Licensed Embalmer No. 4164

P. O. Address Fairfax 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.