

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 938

Registrar's No. 102

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1129 W. Scott</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1129 W. Scott</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b> b. (Middle) <b>Lee</b> c. (Last) <b>Marler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3 1949</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 2 1902</b>
9. AGE (In years last birthday) <b>46</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundry worker</b>	11. BIRTHPLACE (State or foreign country) <b>Springfield, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundry worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laundry</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Noah Marler</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Vermillion</b>	14. NAME OF HUSBAND OR WIFE <b>Marie Irene Marler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>406-10-7079</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Noah Marler 1129 W. Scott</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Endo Carditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Alcohol Excess Chronic</b>	
		DUE TO (c) <b>Sclerosis of Liver</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>322</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2</b>	
22. I hereby certify that I attended the deceased from <b>2-3<sup>rd</sup> 8<sup>pm</sup> 1949</b> to <b>2-3<sup>rd</sup> 1949</b> , that I last saw the deceased alive on <b>2-3</b> , 1949, and that death occurred at <b>1:30 p m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degrees or title) <b>C. E. Filler M.D.</b>		23b. ADDRESS <b>609 Cherry Springfield</b>	23c. DATE SIGNED <b>2-4-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb 6, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
DATE REC'D BY LOCAL REG. <b>2-5-49</b>	REGISTRAR'S SIGNATURE <b>W. J. Standley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Klingner &amp; Co. Spgfd</b>	

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

Feller

FEB 10 1949

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ogle Stone 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 with the above constitutes grounds for revocation of license.)

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