

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42233**

FILED DEC 31 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>	
c. LENGTH OF STAY (In this place) <b>7 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>121 Wentz St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>121 Wentz St.</b>			

3. NAME OF DECEASED (Type or Print) <b>Jacob</b>	a. (First)	b. (Middle)	c. (Last) <b>March</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1951</b>
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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>June 25, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Erie, Pa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John March</b>	13b. MOTHER'S MARDEN NAME <b>Margaret Anthony</b>	14. NAME OF HUSBAND OR WIFE <b>Flora March</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cora Maloney</b>	ADDRESS <b>Macon, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>October 28, 1951</b>  <b>4 years</b>  <b>2 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b>		
	DUE TO (c) <b>Prostatic Cystitis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>Macon Macon Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **October 28, 1951, November 7, 1951**, that I last saw the deceased alive on **Nov 7, 1951** and that death occurred at **4:00 a.m.**, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Floyd Carroll, D.O.</b>	23b. ADDRESS <b>Macon, Missouri</b>	23c. DATE SIGNED <b>11/8/51</b>
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24a. BURIAL CREMATION REMOVAL <b>Burial</b>	24b. DATE <b>11/9/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-17-51</b>	REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Allent Skinner</b>	ADDRESS <b>Macon Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12.27.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 1251.203  
Date Filed 12.29.51

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 Thos. L. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.