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OM-542  
5-17-39  
X32873

21465

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 17 1943

Registration District No. 157

Primary Registration District No. 5507

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
DAVIS TWP.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether)

In this community LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Clinton Rural #4  
(If outside city or town limits, write "RURAL")

(d) Street No. Davis Township  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SUSAN MARGARET MARKS

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or face W

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JACOB A. MARKS

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

7. Birth date of deceased AUG. 11 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 9 18 hr. \_\_\_\_\_ min.

9. Birthplace HENRY CO. MO WALKERTWP  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name HENRY T. HIGLER

13. Birthplace ST. LOUSE MO  
(City, town, or county) (State or foreign country)

14. Maiden name POLINE DAVES

15. Birthplace RICHMOND VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant P. B. Marks

(b) Address Clinton RR #4

17. (a) BURIAL (b) Date thereof May 31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOPEWELL CEM.

18. (a) Signature of funeral director H. J. Vansant

(b) Address Clinton MO

19. (a) May 31, 1943 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1943 hour 11-20 minute A.M.

21. I hereby certify that I attended the deceased from May 1st.  
\_\_\_\_\_ 1943 to May 28 1943  
that I last saw her... alive on May 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Secondary to Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Susan Marks (B. or other) \_\_\_\_\_

Address Clinton MO Date signed May 31

RECEIVED

District Health Officer No. 71

District File Number 5-43-553

Date Filed 6-14-43

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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, ~~by~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *H. J. Sansant*.....

Licensed Embalmer No. *3779*.....

P. O. Address *Clinton 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.