

Registration District No. 187

Primary Registration District No. 4214

Registrar's No. 59

1. PLACE OF DEATH:

- (a) County MOHAWK
- (b) City or town Deepwater Mo.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
McLean Home
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 2 weeks
(Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Emma A. Marknaduke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
87 8 8 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation House Keeper

11. Industry or business

12. Name Simon Morgan
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mobley
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Morgan Marnaduke(b) Address Deepwater Mo.17. (a) Burial (b) Date thereof 3-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood Cem.18. (a) Signature of funeral director Tom Hurst(b) Address Deepwater Mo.19. (a) 3-8-48 (b) R. H. Heming
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin 42
- (c) City or town Deepwater
(If outside city or town limits, write "RURAL") 5
- (d) Street No. _____ (If rural, give location)
- (e) Citizen of foreign country? NO (Yes or No)
- If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 7 minute 20 P.M.21. I hereby certify that I attended the deceased from Jan 31, 1948, to March 6, 1948;
but I last saw him alive on March 5, 1948;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis 1 year
DurationDue to with chronic nephritis & hypertension 15 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MIBOf autopsy MIB

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 _____ (Specify type of work) (Specify type of injury)
23. Signatur Edwards Barrett, D.D. (Physician or other)
- Address Centon, Mo. Date signed 3/8/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-48-243

Date Filed 3-15-48

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

Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater MD

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.