

FILED MAY 20 1943

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: None
(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 Five Yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. East Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country U.S.A.

3. (a) PRINT FULL NAME William S. Marquis

3. (b) If veteran, none name war _____

3. (c) Social Security none No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 Apl day 21
year 1943 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from June 41 to Apl 21 1943
that I last saw him alive on Apl 21 1943
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 Widow

6. (b) Name of husband or wife Arzilia Muschaney Marquis

6. (c) Age of husband or wife if Married years _____

7. Birth date of deceased Nov. 14 th. 1859
(Month) (Day) (Year)

Immediate cause of death Genility, not well since stroke 1941

Due to _____

Due to _____

Other conditions Arterio sclerosis,
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Rtd. Farmer

11. Industry or business Joseph Marquis

12. Name _____

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kendall

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

Major findings: Of operations.

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Albert Weber

(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 24 th. 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Camron Mo.

18. (a) Signature of funeral director J B Brothers
(b) Address Richmond Mo.

19. (a) 4/22-1943 (Date received local registrar) (b) Mrs. Susie W. Sheppard (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 _____

23. Signature L. P. Green (M. D. or other) _____
Address Richmond, Mo. Date signed _____

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

MOTHER FATHER

5-15-43

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.....

J.B. Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed.....

J.B. Brothers
2001.

Licensed Embalmer No.....

Richmond Mo.

P. O. Address.....

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.**