

FILED JUN 2 1947

Registration District No. **297**

Primary Registration District No. **4446**

Registrar's No. **48**

**1. PLACE OF DEATH:**

(a) County Ray

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 60 years, months or days (Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Ray

(c) City or town Hardin  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William J. Marrs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9  
year 1947 hour 5 minute 9 A.M.

21. I hereby certify that I attended the deceased from April 24  
2 1947 to May 9 1947  
that I last saw him alive on May 8 1947  
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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 11 - 1865  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach  
Itensible & Mobely

Due to Had indigestion for yrs  
Cachexia - Hemorrhage

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

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

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

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

Of autopsy H&E

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

10. Usual occupation Railroading

**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? \_\_\_\_\_

**MOTHER FATHER**

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

12. Name William Marrs

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

14. Maiden name Mary Cox

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

23. Signature Warren J. Marrs (M. D. or other) \_\_\_\_\_  
Hardin, Mo Date signed 5/10/47

16. (a) Informant See Marrs

(b) Address Hardin Mo

17. (a) Burial (Burial, cremation, or other) (b) Date thereof May 12-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cem

18. (a) Signature of funeral director John W. Ruppel  
(b) Address Hardin Mo

19. (a) May 12-47 (Date received local registrar) (b) M. A. H. Jackson (Registrar's signature)

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

District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5-29-47

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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John W. Knipschild  
Licensed Embalmer No. 2789  
P. O. Address Hardin 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.