No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40969

Primary Registration District No. 1000

Registrar's No. 1489

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Mos. 18 days
(Specify whether years, months or days)

In this community 8 Mos.- 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 11

(c) City or town Kirksville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 407 So. Osteopathic 7
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marion B. Rathbun

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife single

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

7. Birth date of deceased March (Month) 13 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	27	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George W. Rathbun
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Sarah Olive Russell
15. Birthplace Peoria, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Llewellyn Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.

19. (a) 12-22-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 22, 1947 to Dec. 10, 1947 that I last saw him alive on Dec. 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration

Due to Senile deterioration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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)

While at work? (e) Means of injury 0

23. Signature C. C. Salyer (M. D. [redacted])

Address State Hospital No. 2 Date signed 12/10/47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JAN 6 1948

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, ~~under~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.