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3906

FILED JAN 11 1948  
Registration District No. 587

Primary Registration District No. 6248

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hopewell - CONCORD (RURAL)  
(If obtainable 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 1  
(Specify whether)

In this community NONE  
years, months or days

3. (a) PRINT FULL NAME Alma Alice Marler

3. (b) If veteran, name war: No

3. (c) Social Security No. NONE

4. Sex Female | 5. Color or race white

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

6. (b) Name of husband or wife MARTIN MARLER

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Nov. 30 1887  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 21 . If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

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

12. Name Robert wiles Turley D.

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

14. Maiden name Catherine Mahalla Cunningham

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

16. (a) Informant Mrs. Armon Scott

(b) Address Headwood, Missouri

17. (a) Burial (b) Date thereof Dec. 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

X (c) Place: burial or cremation GERMANIA CEM.

18. (a) Signature of funeral director Bert H. Boyer

(b) Address Headwood, Missouri

19. (a) Dec. 27, 1948 (b) Hessie Eichenberger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington <sup>110</sup>

(c) City or town Hopewell (CONCORD - RURAL)  
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20  
year 48 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12 19 48  
1948, to 12 20 1948

that I last saw her alive on 12 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hours

Due to Hypertensive cardiac vascular renal disease

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy 1310

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury U

23. Signature Shirley Hunt (M. D. or other) MD  
Address Headwood, Mo. Date signed 122348

RECEIVED

Dis. Health Office No. 4

License File Number 149-56

Date Filed 1-10-49

**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

*William E. Boyer*

, Registered Apprentice No. 229

working under my personal supervision.

Signed *Bert L. Boyer*

Licensed Embalmer No. 344J

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.**