

14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

42341  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001  
(c) City St. Joseph (d) Street No. St. Joseph Hospital Registered No. 1219  
(e) Length of residence in city or town where death occurred 45 yrs. 00 mos. 00 ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. PRINT FULL NAME Benjamin Marshall  
(a) Residence, No. 713 South 7th. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
78 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Common  
10. Date deceased last worked at this occupation (month and year) 1938. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison County Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Record  
(ADDRESS) St. Joseph Hosp. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred  
PLACE St. Joseph, Mo. DATE Dec. 9, 1938

19. FUNERAL DIRECTOR H.O. Sidenfaden and Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Dec 9, 1938 St. Joseph Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 6, 1938

I last saw h. im alive on Dec 5, 1938. Death is said to have occurred on the date stated above, at 2:24A m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 12/1/38

Other contributory causes of importance: Sensitiz

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) St. Joseph, M. D.

(Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12604

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Elbert E. Harrington*

Licensed Embalmer No. 3258

**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.)**