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.

1 X14028

DEC JAN 25 1939

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

43455
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 3
(b) Township JOPLIN
(c) City Webb City
Registration District No. 417
Primary Registration District No. 3021 Registered No. 97
(d) Street No. IN AMBULANCE; ENROUTE TO HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 A. Will Marsh
(a) Residence, No. 424 N Ball St.
(Usual place of abode, if no street address, write county or city) (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~~ Elsie Marsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1872

7. AGE YEARS 66 MONTHS 4 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Kansas 1

FATHER
13. NAME Jesse Marsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data " " 9

MOTHER
15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " " 9

17. INFORMANT (ADDRESS) Mrs Elsie Marsh (Wife Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem. DATE 12/23/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hedge-Nelson Webb City, Mo

20. FILED DEC. 22. 38, 19 R Pritchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h— dead alive on Dec. 22, 19 38 Death is said to have occurred on the date stated above, at 4:15 P.m. 12/21/38
The principal cause of death and related causes of importance were as follows:

Heart Black

Date of onset

95 W

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? View

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) A. H. Winchester, M. D.
397 (Address) Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 E. W. Hedge,

Registered Apprentice No....., working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43455

Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 417
(b) Township Primary Registration District No. 3021 Registered No. 97
(c) City Webb City (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME A. Will Marsh
(a) Residence, No. R.R. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	4	0	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-15-39 19 A. Fulchert M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

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? ....
If so, specify ....
(Signed) A. M. Winchester Cor
(Address) Joplin Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MOVE-5-37 X12241