

DESD JUN 20 1939

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

18398
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
 (b) Township Platte Primary Registration District No. 4122 Registered No. 15
 (c) City Smithville (d) Street No. Smithville Community 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

624 CARL RICHARD MARSHALL
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.
0 0 0 3

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) Smithville, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Carl E. Marshall
 14. BIRTHPLACE (CITY OR TOWN) Sidney, Iowa
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Avis McHenry
 16. BIRTHPLACE (CITY OR TOWN) Platte County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Carl E. Marshall
 (ADDRESS) Nashua, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Smith Cemetery DATE May 22, 1939

19. FUNERAL DIRECTOR McComas Mortuary
 (ADDRESS) Smithville, Missouri

20. FILED 5-22, 1939 E. C. Hill
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939, to May 21, 1939.
 I last saw h.e. alive on May 21, 1939. Death is said to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:

Prerenal
 154
 Date of onset

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) [Signature], M. D.
 (Address) Smithville, Mo.

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.

6/25/96
District Health Officer No. 8
RECEIVED

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)