

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

32628  
Do not use this space.

OCT 12 1939

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 408  
 (b) Township St. George Primary Registration District No. 3020 Registered No. 171  
 (c) City Carthage (d) Street No. Mo. Comm. Health 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**

(a) Residence, No. 4 Carthage 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 25, 1937</u>		
7. AGE YEARS <u>✓</u>	MONTHS <u>6</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper County, Missouri</u>	
	13. NAME <u>Glen Marchbanks</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper County, Missouri</u>	
	15. MAIDEN NAME <u>Mildred Marchbanks</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper County, Missouri</u>		
17. INFORMANT (NAME) (ADDRESS) <u>Father: Glen Marchbanks</u> <u>Carthage, R. R. 4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stedding Cem.</u> DATE <u>Sept 8, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. J. McEntire, N.D.</u> <u>Carthage, Mo.</u>		
20. FILED <u>Sept 8, 1939</u> <u>E. J. McEntire, N.D.</u> <u>Local Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939, to Sept 7, 1939

I last saw him alive on Sept 7, 1939 Death is said

to have occurred on the date stated above, at 5:45 am

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

Typhoid Fever  
Secondary Anemia

Date of onset  
Unknown

Other contributory causes of importance:

malnutrition

Name of operation none Date of

What test confirmed diagnosis? Labatory 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

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) Purcell W. Harris, M. D.

(Address) 304 Grant, Carthage, 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.

RECEIVED

District Health Officer No. 6,

District Health Officer Number 1039-199d

Date Filed OCT 6 1939

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

Signed E. M. Hedge.....

Licensed Embalmer No. 2859

P. O. Address Walt City

**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.