

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 775

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44497
State File No. _____
Registrar's No. 89

Primary Registration District No. 6070-A

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. West School
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME AUDREY CHARLOTTE MARSHALL
3. (b) If veteran, name war _____
3. (c) Social Security No. 491-14-4907

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1939 hour 7 minute 30 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse C. Marshall
6. (c) Age of husband or wife if alive 32 years
Birth date of deceased April 27 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-17-1939, to 12-22-1939; that I last saw her alive on 12-22-1939; and that death occurred on the date and hour stated above.

8. AGE: Years 30 Months 7 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar pneumonia, right lobes Duration 7 da.

9. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name William Cox
13. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clara Mc Carver
15. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

16. (a) Informant's own signature Jesse C. Marshall
(b) Address Bonne Terre Mo
17. (a) Burial (b) Date thereof Dec. 24, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery
18. (a) Signature of funeral director Benham M. Co
(b) Address 313 Benham St. Bonne Terre Mo
19. (a) Dec. 24, 1939 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

23. Signature H. W. Raebber (M. D. or other) MD
Address Bonne Terre, Mo. Date signed 12/27/39

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

Signed.....

G. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address, *Boonville, 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.