

FILED FEB 22 1940

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

1555
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
(b) Township 15 Primary Registration District No. 3003 Registered No. 9
(c) City Monett (d) Street No. West 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 Mrs. Almeida Marshall

(a) Residence, No. 1021 West Monett Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) McDonald Co., Missouri

13. NAME William Yost, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

15. MAIDEN NAME Mary Evans 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City, Missouri

17. INFORMANT Raymond Marshall, (ADDRESS) Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cemetery DATE Jan. 3, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Callaway's, Monett, Mo.

20. FILED 1-2- 1940 W. M. West Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 1, 1940. I last saw her alive on 1-1-40. Death is said to have occurred on the date stated above, at 2 p.m. The principal cause of death and related causes of importance were as follows:

Shock following extensive fire + 2nd degree burns accidently received at home while kindling fire with coal oil

Date of onset 1-1-40

Other contributory causes of importance: 181

Name of operation Date of 181
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-1-40
Where did injury occur? Monett Mo. at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury major fire in cook stove
Nature of injury 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) F. J. Moeninghoff, M. D.
(Address) Monett 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 File Number 240-374

Date Filed FEB 10 1940

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.....

J. B. Buchanan....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Buchanan
Licensed Embalmer No. 3149
P. O. Address Monett 7140

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.