DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11386

Registration District No. 417 Primary Registration District No. 5561 L.D. Registrar's No. 42

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town JOPLIN. TOWNSHIP. RURAL.
(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) 7
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 6 days
In this community 7 days

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

3. (a) PRINT FULL NAME Josiah MARCHBANKS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eliza Marchbanks
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased September (Month) 1 (Day) 1854 (Year)

8. AGE: Years 85 Months 6 Days 20 If less than one day hr. min.

9. Birthplace ***** (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business ****
FATHER
12. Name John Marchbanks
13. Birthplace **** (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Louisa Ensal
15. Birthplace **** (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant's own signature Ira A. Marchbanks
(b) Address DIAMOND, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation STERLING CEMTARY
18. (a) Signature of funeral director J. W. Knull
(b) Address Carthage, Mo.
19. (a) MCH.23.40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1940 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from March 18, 1940 to MCH.21.40, 19..; that I last saw him alive on March 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular disease.
Due to
Due to
Other conditions Otitis Media
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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
23. Signature F. W. Cox (M.D. or other) M.D.
Address Webb City, Mo Date signed 3/23/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE CARBONS 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.

RECEIVED
District Health Officer No. 6,
District File Number 440-942
Date Filed APR 4 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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed P. W. Kuell

Licensed Embalmer No. 614

P. O. Address Carthage, 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.