

APR 23 1940 875
Registration District No.

Primary Registration District No. 6162

Registrar's No. 85

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hosp. No. 3 Nevada 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 7 mo.
In this community Yes 2 yrs 7 mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sadie Marshall 624
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased Nov. 19, 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Lebette Co. Kansas U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Alonzo Marshall

MOTHER FATHER { 12. Name Ohio
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Cithey A. John
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature State Hosp. #3 Record
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Mar. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director Reynolds Masterson
(b) Address Nevada, Mo.

19. (a) Mar 10, 1940 (b) Allen V. Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Tasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 612 Empire
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1940 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from Mar. 22, 1939, 19____, to March 10, 1940
that I last saw her alive on March 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Seplicemia Duration 40 da.

Due to Influenza

Due to Chr. Myocarditis
Chr. Nephritis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

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?
While at work? NO (Specify type of place) (e) Means of injury _____

23. Signature Allen V. Dyer (M. D. or other) _____

Address State Hosp #3 Date signed 3-10-40

WRITE PLAINLY—USE UNFADING INK—MAKED 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.

Reynolds Mort

RECEIVED
District Health Officer No. 7,
District File Number 4-46-588
Date Filed 4-8-40

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 F. M. Jones
Licensed Embalmer No. 2318
P. O. Address Washington

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.