

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH

(a) County Laclede

(b) City or town Franklin, S. Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mallock Hospital
(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 Laclede

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Dorothy Marsey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15
year 1940 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from 4-13
1940, to 4-15, 1940.

that I last saw her alive on 4-15, 1940
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased July 13 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 2 28 _____ hr. _____ min.

Immediate cause of death Ruptured appendix
perforation

Due to Ruptured appendix

Due to _____

Other conditions anaemia, general
(Include pregnancy within 3 months of death)
weakened condition

Major findings: Ruptured appendix
T. abcess

Of autopsy _____

9. Birthplace Laclede Co.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Marsey

13. Birthplace Laclede Co.
(City, town, or county) (State or foreign country)

14. Maiden name Cora Jones

15. Birthplace Laclede Co.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Eli Marsey

(b) Address Oakland Mo.

17. (a) Burial (b) Date thereof 4/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richton Cemetery

18. (a) Signature of funeral director S. R. Quilms

(b) Address Lebanon Mo.

19. (a) 4-16-40 (b) J. A. McCaleb
(Date received local registrar) (Registrar's signature)

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?
404

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Summers (M. D. or other) _____

Address Lebanon Mo. Date signed 4-15-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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. 7,
District File Number 5-40-818
Date Filed 5-8-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.