DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19223

Registration District No. 664 — Primary Registration District No. 5882 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural, Green Ridge Twsp. (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 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. R F D # 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 71 years.

3. (a) PRINT FULL NAME Willaim Marshall 624

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 Widowed

6. (b) Name of husband or wife Matilda Barge Marshall

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

7. Birth date of deceased September (Month) 1 (Day) 1851 (Year)

8. AGE: Years 88 Months 8 Days 28 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) England (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Thomas Marshall
13. Birthplace unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Burrell
15. Birthplace unknown (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Roy B. Marshall

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-40 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) June 1st 1940 (Date received local registrar) (b) G. R. Shelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 30 day 29 year 1940 hour 2:45 p m minute M.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 28, 1940; that I last saw him alive on May 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Cardiac Stenosis

Due to

Other conditions (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 T C Moffet D.O. (M. D. or other)

Address Windsor Mo Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

9213

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-4-40

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 Ellen M. Huston

Licensed Embalmer No. 3091

P. O. Address Windsor, 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.

S. No. 2B
M—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19223

Registration District No. 664 Primary Registration District No. S882 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Pettis

(b) City or town Green Ridge T.P.
(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 (b) County

(c) City or town
(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 William Marshall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced wd

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma Cardiac Stenosis

Due to Uremic Coma following Chronic Nephritis

Duration

Other conditions
(Include pregnancy within 3 months of death)

131

Major findings:
Of operations

Of autopsy

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 T. C. Moffet (M. D. or other)
Address Windsor Date signed

S-19223