

Registration District No. **15**  
**SEP 23 1940**Primary Registration District No. **5-5-15**Registrar's No. **78**

## 1. PLACE OF DEATH:

(a) County Jefferson(b) City or town Highway 215(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 15 years  
years, months or days (Specify whether)8. (a) PRINT FULL NAME MARVIN HAL MARSDEN3. (b) If veteran, name war NO3. (c) Social Security No. 493-03-97054. Sex MALE 5. Color or race WHITE6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife Mamie6. (c) Age of husband or wife if alive 31 years7. Birth date of deceased April 19, 1905  
(Month) (Day) (Year)8. AGE: Years 35 Months 3 Days 23  
If less than one day hr. min.9. Birthplace HILLSBORO Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation St. Joseph Lead Co.11. Industry or business Fireman12. Name Matthew H. Marsden13. Birthplace Hillsboro, Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Pearl Vartney15. Birthplace Hillsboro, Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Matthew Marsden(b) Address Herculaneum, Mo.17. (a) Burial (b) Date thereof Aug. 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hillsboro, Mo.18. (a) Signature of funeral director Geitney R. Valente(b) Address Crystal City, Mo.19. (a) Aug 16 1940 (b) E. Rutledge  
(Date received local registrar) (Registrar's signature)

382 (Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson(c) City or town Herculaneum  
(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.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1940 hour 3 minute 9 P. M.21. I hereby certify that I attended the deceased By Inquest  
duties Aug. 12, 1940. 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck Duration(Inquest Pending)Due to truck in whichdeceased was ridingDue to turning over andwrecking

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 117

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

Signature Frank Frazer (M. D. or other)Address Festus, Mo. Date signed 8/13/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 8 1947

---

---

**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

*Henry R. Polette*

Licensed Embalmer No. 3481

P. O. Address

*Crystal City*

**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.**