

STANDARD CERTIFICATE OF DEATH

State File No. **32708**

Registration District No. **615-**

Primary Registration District No. **5817.**

Registrar's No. **15.**

1. PLACE OF DEATH
(a) County Newton
(b) City or town Diamond Route 1, Marion
(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 2
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Riley E. Marshall
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 5. Color of race H
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 Aug 6 1911
(Month) (Day) (Year)

8. AGE: Years 29 Months 1 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Diamond #1 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Amos Marshall
13. Birthplace Diamond R#1 Mo
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Bell
15. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dave Marshall
(b) Address Cronage Mo Route 1
17. (a) Burial (b) Date thereof 9-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Center Church, Com

18. (a) Signature of funeral director Roland Anglage
(b) Address Sarcoph Mo
19. (a) Feb. 17-1940 (b) Mrs. U.S. Chapman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Diamond
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1940 hour 3 minutes 20 P.M.

21. I hereby certify that I attended the deceased from July 31, 1940 to Sept. 16, 1940
that I last saw him alive on Sept. 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Int. Nephritis
Duration _____

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? 675
(Specify type of place) (e) Means of injury _____

28. Signature W.B. Chapman (M. D. or other) M.D.
Address Joplin, Mo Date signed 9-17-40

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 1040-2683

Date Filed 657 2 OCT 30 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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Geo. B. Orr

Licensed Embalmer No.....

P. O. Address.....

946
Mt Vernon, W. Va.

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.