

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41792
Do not use this space.

1. PLACE OF DEATH

(a) County Boone ⁷³ 0 Registration District No. 73
 (b) Township..... Primary Registration District No. 3006 Registered No. 262
 (c) City Columbia (d) Street No. Noyes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby John Marshall

(a) Residence, No. Locust Grove Farm Moberly, Mo. St. Moberly, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Mo.
 13. NAME Marshall, Charles W. O.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Frances Jennings
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charles W. Marshall
Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE 12/2/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son
Moberly, Mo.

20. FILED 12/2/40 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1940 to 12, 1940
 I last saw him alive on 12-2, 1940 death is said to have occurred on the date stated above, at 10:45 AM
 The principal cause of death and related causes of importance were as follows:

Date of onset
Pneumonia - Bilateral, Broncho 12-2/40
10112
 Other contributory causes of importance:
Thyroid - state Lymphatic Life

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) [Signature], M. D.
 (Address) 205 Exchange Bldg
Columbia, Mo.

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 Frank D. DeWalt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.