

No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4511

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution:
227 Sikes Ave
(d) Length of stay: In hospital or institution All of her life
In this community All of her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston, Mo.
(d) Street No. 227 Sikes Ave
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mary Elizabeth Marshall
(b) If veteran, name war None (c) Social Security No. None
4. Sex Female 5. Color or race White
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 May 10, 1858
8. AGE: Years Months Days If less than one day
82 7 25 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5
year 1941 hour 8 minute 5 P.M.
21. I hereby certify that I attended the deceased from December 29, 1940 to January 5, 1941
that I last saw her alive on January 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of apoplexy, Bronchitis
Duration 1 week
Due to _____
Due to _____

9. Birthplace Scott Co. Missouri
10. Usual occupation Pensioned
11. Industry or business _____
12. Name William G. Marshall
13. Birthplace Scott Co. Missouri
14. Maiden name Mary Matthews
15. Birthplace New Madrid Co. Missouri
16. (a) Informant Lucille Stubblefield
(b) Address Sikeston, Mo.
17. (a) Burial (b) Date thereof Jan. 7, 1941
(c) Place: burial or cremation Sikeston City Cemetery
18. (a) Signature of funeral director [Signature]
(b) Address Sikeston, Mo.
19. (a) 2-3-1941 (b) [Signature]

Other conditions _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature [Signature] While at work? _____
Address Sikeston, Missouri Date signed 1-6-41

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

RECEIVED

District Health Officer No. 2,

District File Number 241-232

Date Filed 5-11-47

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 Harvey Johnson

Licensed Embalmer No. 3704

P. O. Address Winton, 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, fact should be so stated above.