

No. 2  
4-13-40  
5-17-39  
PI 101

MAR 19 1941 796  
Registration District No.

Primary Registration District No. 3038

State File No. \_\_\_\_\_  
Registrar's No. 33

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stitzgillou's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 57 years  
years, months or days

3. (a) PRINT FULL NAME Mary E. Dean

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Dean 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 23 1847  
(Month) (Day) (Year)

8. AGE: Years 93 Months 10 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name John Gilbey

13. Birthplace Salisbury, Maine  
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Boudleau

15. Birthplace Hope, Maine  
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Swisher

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Feb 11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stitzgillou Park Cem

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall Mo.

19. (a) 2-11-41 (b) Dep.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline<sup>97</sup>

(c) City or town Marshall - Rural  
(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 Feb day 9  
year 1941 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb 7,  
1941, to Feb 9, 1941;  
that I last saw her alive on Feb 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Lobar Pneumonia 24 hrs

Due to Fractured 4th-6-7 Ribs Right

Due to Fall down stairs

Other conditions Basal Fracture  
(Include pregnancy within 3 months of death)

Major findings: Skull and Jaws

Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident, 9

(b) Date of occurrence Feb 7 - 1941 DTI

(c) Where did injury occur? Home Marshall Saline Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) \_\_\_\_\_  
(e) Means of injury Fall down stairs

23. Signature Tom McKenna (M. D. or other) D  
Address Marshall Mo Date signed 2-11-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-13-41

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

*R. W. Campbell*

Licensed Embalmer No.

3469

P. O. Address

*Marshall, 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.