No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8312

Registration District No. 1492 MAR 20 1941

Primary Registration District No. 6035

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Napton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline 97
(c) City or town Napton Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Marshall
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 4 (Day) 1865 (Year)

8. AGE: Years 75 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Cooper Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business —
FATHER
12. Name Jack Marshall
13. Birthplace Cooper Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Isabell Trigg
15. Birthplace Cooper Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Will Conway
(b) Address Napton Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Cemetery
18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall Mo.
19. (a) 3-8-1941 (Date received local registrar) (b) C L Lawless (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1941 hour 8 minute 30 M.
21. I hereby certify that I attended the deceased from held inquest Marshall 5, 1941 to , 19 ;
that I last saw h — alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. L. Lawless Coroner Saline Co (M. D. or other)
Address Marshall Mo Date signed 3-5-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-19-41
Date Filed

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.