

No. 2
11-10-39
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11300

State File No. _____

FILED APR 28 1941
Registration District No. _____

Primary Registration District No. 4712

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Atlanta
(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 none
(Specify whether

In this community 40 yrs
years, months or days)

8. (a) PRINT FULL NAME J. HARRY MARSH.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary marsh 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased march 5th 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 19 If less than one day hr. ✓ min.

9. Birthplace Handcock Co. - Ill. - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Samuel E. Marsh
13. Birthplace Tenn. - 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth A. Emmert
15. Birthplace Va. - 1
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar marsh
(b) Address macon mo

17. (a) Shiloh cemetery (b) Date thereof 3-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director H. H. ...

(b) Address Atlanta mo

19. (a) Mar 31-1941 (b) Rich McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County macon

(c) City or town Atlanta mo
(If outside city or town limit write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 1941 hour 5 minute 19 P.M.

21. I hereby certify that I attended the deceased from Sept. 11, 1940 to MAY 24, 1941
that I last saw him alive on MAY 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 2.5

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? _____

46.9 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature E. P. Buckley (M. D. or other) D
Address 22 Plata MO. Date signed 3-25-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number

Date Filed

RECEIVED

District Health Officer No. 10

District File Number 4-41-773

Date Filed APR 14 1941

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

H M Gooding, Registered Apprentice No.

working under my personal supervision.

Signed

H M Gooding
Licensed Embalmer No. 1750

P. O. Address

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.