

S. No. 2
M-1-4-41
Ev. 5-17-39
X28

24502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 25 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 207

10
2
4

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

1. PLACE OF DEATH:

(a) County Brown

(b) City or town Columbia

(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 _____ (Specify whether _____)

In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brown

(c) City or town Columbia

(If outside city or town limits, write "RURAL")

(d) Street No. 1616 Paris Rd (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARTHA L. MARSH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour _____ minute 3:45 P. M.

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married Divorced, widowed

6. (b) Name of husband or wife Wm L. Marsh

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 10 (Month) 24 (Day) 1866 (Year)

21. I hereby certify that I attended the deceased from March 1936 to July 31, 1941.

that I last saw her alive on July 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus Duration 2 yrs

8. AGE: Years 74 Months 9 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Bone Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Bryan Quack

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

14. Maiden name Martha M. Quack

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

16. (a) Informant Mrs. Marlon Elder

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 8-2-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director Parsons (M.D.)

(b) Address Columbia Mo.

19. (a) 8/1/41 (b) Allie Selby (Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Pulmonary Tuberculosis 10 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature AW Kampshurst (M. D. or other) _____

Address Columbia Mo Date signed 8-1-41

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

W. H. Anderson

Licensed Embalmer No. *2494*

P. O. Address *Columbus, 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.