S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35755

Primary Registration District No. 3032 - 5881 Registrar's No. 319

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sedalia Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 42 + Ry
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Francis Marshall
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race .....
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Giles Marshall
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec. (Month) 12 (Day) 1862 (Year)
8. AGE: Years 78 Months 10 Days 19 If less than one day ..... hr. ..... min.
9. Birthplace: Boonville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation .....
11. Industry or business: At Home
FATHER
12. Name: Thomas McDiarmond
13. Birthplace: Boonville (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Matilda Givens
15. Birthplace: Boonville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. E. L. Shirley
(b) Address: Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/1/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Mo
19. (a) 11/1/41 (Date received local registrar) (b) Mrs Henry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1941 hour 5 minute 30 a. M.
21. I hereby certify that I attended the deceased from Oct 1, 1941, to Oct 31, 1941; that I last saw her alive on Oct 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis	Duration [illegible]
Due to: Arteriosclerosis [illegible]	[illegible]
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	[illegible]

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): No
(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: [illegible] (M. D. or other)
Address: [illegible] Date signed: Nov 1 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-7-41
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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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.