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X26390

OFFICE OF THE CENSUS
FILED NOV 28 1941

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution:
206 W. 15th St. 1
(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

3. (a) PRINT FULL NAME Mary Martha Marshall

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 Widowed

6. (b) Name of husband or wife George Marshall 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11, 1852
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Davenport, Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Francis

13. Birthplace Dont. Knorr, England 4
(City, town, or county) (State or foreign country)

14. Maiden name Dont Knorr

15. Birthplace Dont Knorr, Dont Knorr 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Murphy

(b) Address 206 W. 15th St. Tolla

17. (a) Burial (b) Date thereof Oct 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Geo. L. Pleitch Inc

(b) Address 3966. Easton Ave

19. (a) 10-27-41 (b) Geo. F. Ayers
(Date received local registrar) (Registrar's signature)

WPU (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps. 81

(c) City or town Tolla (If outside city or town limits, write "RURAL") 2

(d) Street No. 206 W. 15th St. (If rural, give location) 20

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24.
year 1941. hour 2. minute P. M.

21. I hereby certify that I attended the deceased from 10-24-41
1941, to 10-24 1941
that I last saw her alive on 1-25- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Frangor of old age

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations _____

Of autopsy _____

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 10

23. Signature H. A. Darrin (M. D. or other) _____

Address Tolla, Mo Date signed 10-27-41

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

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 *David E. Gibson*

Licensed Embalmer No. *3454*

P. O. Address. *5966 Castro St*

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.