

FILED FEB 2 1942

Registration District No. 148

Primary Registration District No. 5212

Registrar's No. 13

1. PLACE OF DEATH

(a) County Cass
(b) City or town Bellton - Rural - Mt Pleasant Dist.
(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 _____ (Specify whether)
In this community 21 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Bellton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi south Bellton Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

8. (a) PRINT FULL NAMES JOHN ROSS MARSHALL

3. (b) If veteran, name war Spanish Am 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 Jessie Marshall 6. (c) Age of husband or wife if alive 72 years

6. Birth date of deceased May 9 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Paylor's Falls (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Marshall

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

14. Maiden name Leticia Caldwell

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

16. (a) Informant J. M. Tate

(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof Jan 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellton, Mo.

18. (a) Signature of funeral director E. R. Bremer Sons

(b) Address Bellton, Mo.

19. (a) Jan 23/42 (b) Margaret Volter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 20, year 1942 hour 3:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1940 (Jan) to _____ 19____; that I last saw him alive on Dec 28, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to _____

Due to 94a

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence 7/20/42
(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 Frank H. Hodason (M. D. or other) MD
Address 107 Morningside Dr. Date signed 1/20/42

Duration

Immediate

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
0

FEB 6 1942

FEB 13 1942

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 A. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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, above space should be left blank.