

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7125

State File No. _____

Registration District No. 469470

Primary Registration District No. 0133

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town mt Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 679 days
(Specify whether years, months or days)

In this community 679 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 411 So Adams St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Beatrice Edna Marshall

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th
year 1942 hour 8:55 minute 47 M.

4. Sex Female

5. Color or race Black

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Dec 16 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 7 1940 to Feb 14 1942
that I last saw him alive on Feb 14 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death Pulmonary tuberculosis 3 yrs

Due to _____

Due to _____

9. Birthplace Festus Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Other conditions 138
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Edward Frank Marshall

13. Birthplace Edward Frank Marshall
(City, town, or county) (State or foreign country)

14. Maiden name Gertha Palmer

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Emt Michael Rupa Club

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 2-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt Vernon mo

19. (a) Mar 6 - 42 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury

23. Signature Esther E. Colman (M. D. or other) MD

Address Miss State Sanatorium Date signed 2-15-42

1182 (Licensed Embalmer's Statement on Reverse Side) mt Vernon mo

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

RECEIVED

District Health Officer No. 6,

District File Number 342-356

Date Filed MAR 12 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.....

Geo. B. Clark

Licensed Embalmer No. 946

P. O. Address *Mr. Remondino*

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.