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5-17-39  
-1 X26390

10090

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 14 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3003

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett  
(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) 1

(d) Length of stay: In hospital or institution ✓ (Specify whether)

In this community all life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 005

(c) City or town Monett  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1009 - Central  
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Mary E. Marshall

3. (b) If veteran, name war No

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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Sept - 24, 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business own home

12. Name Allen Hudson

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

14. Maiden name Margaret Foster

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

16. (a) Informant Sam Pattenhouse

(b) Address Monett, Mo.

17. (a) Buried (b) Date thereof Mar 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Primer City

18. (a) Signature of funeral director L. H. Blauclausch

(b) Address Monett - Mo.

19. (a) 3-30-1942 (b) Mrs. Geo. Harman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28, year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 14<sup>th</sup> to March 25<sup>th</sup>, 1942  
that I last saw her alive on March 27<sup>th</sup>, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial  
Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 101

Of autopsy \_\_\_\_\_

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 L. H. Ferguson (M. D. or other) M.D.  
Address Monett, Mo. Date signed 3-28-42

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

25  
2  
1

RECEIVED

District Health Officer No. 6,

District File Number 442-499

Date Filed APR 11 1942

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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 L. H. Blansenship  
Licensed Embalmer No. 2397  
P. O. Address Monterey, 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.**