DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 0 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14983

Registration District No. 634 Primary Registration District No. 4339 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton T. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Tipton (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME Lenora Marshall
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Marshall
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased September (Month) 11 (Day) 1875 (Year)
8. AGE: Years 66 Months 7 Days 1 If less than one day hr. min.
9. Birthplace Tipton, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Photographer
11. Industry or business Photography
MOTHER FATHER
12. Name P. F. Ross
13. Birthplace Not Known (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Belle Williams
15. Birthplace Cooper County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature John Marshall
(b) Address Tipton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Tipton
18. (a) Signature of funeral director Frances E. Richards
(b) Address Tipton Mo
19. (a) Apr 12 - '42 (Date received local registrar) (b) Mrs. Leo Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1942 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from 4-1-42, 19__, to 4-12-42, 19__; that I last saw h. alive on 4-12-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia	Duration
Due to Acute Nephrosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J B Norman (M. D. or other)
Address Tipton, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 50M 1 X19511

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14983

Registration District No. 376 Primary Registration District No. 4339 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Moniteau

(b) City or town: Tipton (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 years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Moniteau

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Leona Marshall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept (Month) 11 (Day) 1875 (Year)

8. AGE: Years 66 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr Day: 12 year: 1942 hour: 12 minute: 30 a.m.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
~~Cause~~ Nephritis	
Due to: Chronic Interstitial Nephritis	
Due to: Acute Exacerbation Uremia	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: 131a

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

23. Signature: J B Norman M.D. (M. D. or other)

Address Date signed