. No. 2
—1-4-41
5-17-39
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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. 15877

FILED MAY 21 1942

Registration District No. 7

Primary Registration District No. 4538

Registrar's No. 14

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town POTOSI Twp

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

(c) Name of hospital or institution: HARWOOD HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS (Specify whether

In this community 10 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

(c) City or town POTOSI MO. 1111

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

(d) Street No. 1

(If rural, give location)

(e) Citizen of foreign country? No — (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME DAVA C. MARSHAL

3. (b) If veteran, name war

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 HENRY MARSHAL

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased DEC (Month) 2 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	4	3.	hr. min.

9. Birthplace GRANBY (City, town, or county) MO. 11 (State or foreign country)

10. Usual occupation HOUSEWIFE —

11. Industry or business

FATHER
12. Name ARTHUR D KELLY
13. Birthplace (City, town, or county) WISCONSIN (State or foreign country)

MOTHER
14. Maiden name PEARL BATES
15. Birthplace (City, town, or county) ALTON MO (State or foreign country)

16. (a) Informant PEARL KELLY

(b) Address POTOSI MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 (Month) 6 (Day) 42 (Year)

(c) Place: burial or cremation COUCH MO.

18. (a) Signature of funeral director BOYER FUNERAL HOME

(b) Address POTOSI MO.

19. (a) 4-5-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 5TH year 1942 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 28th 1942 to April 5th 1942 that I last saw her alive on April 5th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to A Natural Abortion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

14 1d

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

23. Signature Samuel R. Cannon Jr. (M. D. or other)

Address Hospital Potosi Date signed 4/1/42

(Licensed Embalmer's Statement on Reverse Side)

ED

District Health Officer No. 4

District File Number 542 – 63

Date Filed 5 – 14 – 42

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 C. H. Bayer

Licensed Embalmer No. 4158

P. O. Address Potosi 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.