

FILED JUN 19 1942 566

Registration-District No.

Primary Registration District No. 30 30

Registrar's No. 43

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON, Sum
(c) Name of hospital or institution 204 VIRGINIA 1
(d) Length of stay: In hospital or institution 42 YEARS
In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67
(c) City or town CHARLESTON 3
(d) Street No. 204 VIRGINIA
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME MARTHA JANE MARSHALL

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JAMES F. MARSHALL 6. (c) Age of husband or wife if alive DEC 6 years

7. Birth date of deceased MARCH 25, 1849

8. AGE: Years 93 Months 1 Days 12 If less than one day hr. min.

9. Birthplace ROCKPORT OHIO 1

10. Usual occupation AT HOME

11. Industry or business RETIRED HOUSEWIFE

12. Name WILLIAM ROCKHILL

13. Birthplace STATE OF PA. 1

14. Maiden name MARGARET HUGHES

15. Birthplace STATE OF OHIO 1

16. (a) Informant KARL MARSHALL

(b) Address CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 5-9-42

(c) Place: burial or cremation IOOF-CHARLESTON, MO

18. (a) Signature of funeral director J. S. ...

(b) Address CHARLESTON, MO

19. (a) 5/11/42 (b) D. S. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7TH year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1930 to May 7, 1942
that I last saw her alive on May 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations Of autopsy

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? (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 0

23. Signature G. Chas. ... Date signed 5/10/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

67
1
2

RECEIVED

District Health Office No. 2,

District File Number 642-729

Date Filed JUN 16 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

John P. Amundson Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.