

27988

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED SEP 15 1944

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution McCormick Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/10-12/8/42  
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe

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

(d) Street No. \_\_\_\_\_  
(If rural, give location) 1

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NILLIE MAE MARSHELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1942 hour 8 minute 35 P. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Clyde Eley Marshall

6. (c) Age of husband or wife alive 50 years

7. Birth date of deceased 5/18 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10 1942 to Aug 12 1942  
that I last saw her alive on Aug 12 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

7 2 24 hr. \_\_\_\_\_ min.

Immediate cause of death Intestinal obstruction 4 ds

Due to adhesions

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

Due to peritonitis several years standing

Other conditions \_\_\_\_\_

10. Usual occupation Home Wife

Major findings: Necrosed bowel

Of operations \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

12. Name Cyril Eley Marshall

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

14. Maiden name Cynthia Evelyn Belcher

15. Birthplace Monroe Co. Mo Rural (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant's own signature Minnie Gutter

(b) Address Madison Mo 192

17. (a) Madison Mo (b) Date thereof 8-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Madison

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature F. L. McCormick (M. D. or other)

Address Moberly Date signed 8-12-42

18. (a) Signature of funeral director Fred G. Thompson

(b) Address Madison Mo

19. (a) 8-14-42 (b) Irma Hall  
(Date received local registration) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39  
1 X19311

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.

1-123456789-0123456789

**RECEIVED**

District Health Officer No. 10

District File Number 9-42-1752

Date Filed SEP 14 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.....

*Richard Brown* Registered Apprentice No. 309

working under my personal supervision.

Signed *Jul A. Thompson*

Licensed Embalmer No. 1420

P. O. Address Madison, 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.**