S. No. 2
M—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40510

State File No.

FILED JAN 11 1943

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 190

24

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 114 West North St. (If not in hospital or institution, write street number or location)

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

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Excelsior Springs Mo (If outside city or town limits, write "RURAL")

(d) Street No. 114 West North St (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Edna May Marshall

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Andrew Marshall

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Mar (Month) 18 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
36	8	26	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joe Rifer
13. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Fannie Mayberry
15. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Andrew Marshall

(b) Address Excelsior Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs Mo

19. (a) 12-16-42 (Date received local registrar) (b) Mrs Sadie Redmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14

year 42 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to Dec. 14 1942

that I last saw her alive on Dec 15 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis - Pulmonary (Bilateral)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 13 b

Major findings:
Of operations 0
Of autopsy 0

Duration several yr

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (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 S. M. Erickson (M. D. or other)

Address Excelsior Spgs Mo Date signed 12/16/42

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 1-8-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.