S. No. 2
I—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2075

State File No.

JAN 21 1943

Registration District No. 24196 Primary Registration District No. 5335-5348 Registrar's No. 47

30
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0

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Louisburg Grand Twp
(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 (Specify whether
In this community none
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30 0 0

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Maud Lillian Marsh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife clyde marsh

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July (Month) 18 (Day) 1893 (Year)

8. AGE: Years 49 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J A Atchley
13. Birthplace Louisburg (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Wilson
15. Birthplace Polk (City, town, or county) Missouri (State or foreign country)

16. (a) Informant clyde marsh
(b) Address Louisburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Louisburg Cemetery

18. (a) Signature of funeral director Oley Gestes of Hutchens & Co
(b) Address Bolivar Mo

19. (a) 11/25/42 (Date received local registrar) (b) Helen Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1942 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 2, 1942 to Nov. 9, 1942, that I last saw her alive on Nov. 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Ovaries c̄ Metastis to Liver	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

49a

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 C. O. Hammon (M. D. or other) M.D.

Address Buffalo Date signed 11-23-42

1089

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1369
Date Filed 1-12-43

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 Oby J Ester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.