

FILED FEB 10 1943

Registration District No. 324

Primary Registration District No. 3072

State File No.

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 North Odell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 617 North Odell
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Maupin Deis

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 Albert F. Deis 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 25m 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James M. Maupin
13. Birthplace Alberquerque Co., Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Grove
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert F. Deis
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Jan. 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Murray
(b) Address Marshall Mo.

19. (a) Jan 5, 1943 (b) Mrs. T.O. Whetstone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 11 AM minute - M.

21. I hereby certify that I attended the deceased from Oct 11 1942 to Jan 4 1943
that I last saw her alive on Jan 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon Duration 1 yr.

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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?

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert Murray M.D. (M. D. or other)
Address Marshall Mo. Date signed 1/5/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-9-43

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.....

J. Leslie Swearing

Licensed Embalmer No. 3235

P. O. Address..... *Marshall, 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.