

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6825

LED MAR 13 1943

State File No. _____

Registration District No. 757

Primary Registration District No. 5586

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--Marion Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1, Joplin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 26 years

In this community _____ (Specify whether
years, months or days) 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 1, Joplin
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maudie Venis Marshall

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20,
year 1943 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 15 1943
_____ 19____ to FEB 20 1943
that I last saw HER alive on FEB 20 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or face White

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

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

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

7. Birth date of deceased August 13 1904
(Month) (Day) (Year)

Immediate cause of death CARCINOMA OF ILEUM

Duration _____

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

38	6	8	
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_____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Carroll County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy CARCINOMA OF ILEUM

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business None

12. Name Walter Warren

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Marshall

(b) Address Route 1, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.M. Gessner (M.D. or other) _____
Address Centerville Mo Date signed 2/24/43

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Feb 27 43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

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

19
00
0

1203

(Licensed Embalmer's Statement on Reverse Side)

43-2-143

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 D. Batchelder

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.