

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7251

ED MAR 8 1943

State File No.

Registration District No. 295

Primary Registration District No. 3-053-4409

Registrar's No. 57 5

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Phelps
(c) City or town Newburg
(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 _____

3. (a) PRINT FULL NAME Marrien Walsh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 17 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 11 _____ hr. _____ min.

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

10. Usual occupation Tie & Lumber Buyer

11. Industry or business _____

MOTHER FATHER

12. Name Frank Walsh
13. Birthplace _____ KY 1
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Benton
15. Birthplace Columbia Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jeneta Gavisk

(b) Address Newburg, Mo

17. (a) Burial (b) Date thereof 1-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mill Creek Cemetery

18. (a) Signature of funeral director Alfred J. Smith
(b) Address Rolla, Mo.

19. (a) 1-30-43 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1942 to Jan 28 1943
that I last saw him alive on Jan 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cobal Pneumonia

Due to _____
Due to 108

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

Major findings: Of operations _____
Of autopsy none

Duration
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? _____

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

23. Signature RE Brewer (M. D. or other)
Address Newburg Mo Date signed _____

10 (Licensed Embalmer's Statement on Reverse Side)

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 Jar Hallow, Registered Apprentice No. _____, working under my personal supervision.

Signed Jar Hallow
Licensed Embalmer No. 3510
P. O. Address Cuba 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 720-1
Registrar's No. 5

Registration District No. 275

Primary Registration District No. 4409

1. PLACE OF DEATH:

(a) County Phelps

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

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

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

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

3. (a) PRINT FULL NAME Marrion Walsh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased July 17 1943
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 8 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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SUPPLEMENTARY

