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M-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18890

State File No. ....

FILED JUN 15 1943

Primary Registration District No. 6059

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Collins (Rural)  
(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 70 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo/ (b) County St. Clair  
(c) City or town Collins (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. I Mile West of Collins  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Joshua Thomas Marshall

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

4. Sex Male 5. Color or race Wh.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Daisey Marshall  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Dec 4 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 29  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name William Marshall  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Harrington  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Marshall  
(b) Address Collins Mo.

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

18. (a) Signature of funeral director Osceola Funeral Home  
(b) Address Osceola Mo.

19. (a) May 10, 1943 (b) Nela Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 3 1943 to May 7 1943  
that I last saw him alive on May 7 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Heart Failure Duration

Due to Chronic Myocarditis

Due to Artero Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 9/30  
Of operations  
Of autopsy None

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) No  
(b) Date of occurrence No  
(c) Where did injury occur? None (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 W.P. Sterrett (M. D. Mo.)  
Address Collins Mo Date signed May 4 1943

RECEIVED

District Health Office, No. 7

District File Number 5-43-467  
Date Filed 6-7-43

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 Paul Tristone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.