

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 3072

Registrar's No. 161

ED SEP 13 1943 24
Registered District No. _____

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:
741 North Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 24 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. 741 North Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Roy Mason Talbott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 12, year 1943, hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 12 1943 to Aug 12 1943 that I last saw him alive on Aug 12 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Short 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Jan 14 1893
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 day
Hypertension

8. AGE: Years 50 Months 6 Days 27 If less than one day _____ hr. _____ min.

Other conditions (includes pregnancy within 3 months of death) 83a

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Walter Talbott
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Irene Hodges
15. Birthplace Morgan Co. Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Mrs. R. M. Talbott
(b) Address Marshall, Mo.
17. (a) Burial (b) Date thereof Aug 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Bluebird Gro
18. (a) Signature of funeral director J. Lake Perry
(b) Address Marshall, Mo.
19. (a) Aug 16 43 (b) Mrs. T. O. Weather
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Marshall Date signed 8/14/43

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 9-10-43

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 Sweeney*

Licensed Embalmer No. *3235*

P. O. Address. *Waukegan, Ill.*

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.