

FILED JAN 10 1944
Registration District No. **1**

Primary Registration District No. **4136**

1. PLACE OF DEATH:

(a) County **Clinton**

(b) City or town **Plattsburg**

(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 **53 yrs** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clinton**

(c) City or town **Plattsburg** (If outside city or town limits, give "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Walter Scott Marshall**

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, widower **2 divorced, widower**

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

7. Birth date of deceased **June 11 1839** (Month) (Day) (Year)

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

84 6 17 hr. min.

9. Birthplace **Lumberton Va Virginia** (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Merchant**

MOTHER FATHER

12. Name **James N. Marshall**

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

14. Maiden name **Frances Blanton**

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

16. (a) Informant **Mrs Beryl Rogere**

(b) Address **Plattsburg**

17. (a) **Burial** (b) Date thereof **12 30 43** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **W. L. Martin**

(b) Address **Plattsburg**

19. (a) **Dec 30 - 43** (b) **Mo J. C. Hartell** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28** year **1943** hour **4** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec 23** 19**43** to **Dec 28** 19**43** that I last saw him alive on **Dec 28** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration **6 Mo**

Due to _____

Due to _____

Other conditions **Infarction** (Include pregnancy within 3 months of death) **5 da**

PHYSICIAN

Major findings: Of operations **none**

Of autopsy **none**

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 **W. B. Spalding** (M. D. or other) **MD**

Address **Plattsburg Mo** Date **Dec 30 - 43**

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

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.....

Joe L. Martin

Licensed Embalmer No. *4303*

P. O. Address *Plattsburgh*

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.