

Registration District No. 371

Primary Registration District No. 6261

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Webster

(b) City or town RURAL WEST BENTON
(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 1
(Specify whether

In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Webster

(c) City or town Rural West Benton
(If outside city or town limits, write "RURAL") 112

(d) Street No. 112
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME MARGARET M. MARSHALL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1943 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10/29, 1943, to 11/21, 1943
that I last saw her alive on 11/20, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: APRIL (Month) 1944 (Day) (Year)

Immediate cause of death Cerebral thrombosis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE: Years 79 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Walter A. Brown

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

14. Maiden name Unknown

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

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

16. (a) Informant Mrs. Allie Tella

(b) Address Woodland Ct 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22-43
(Month) (Day) (Year)

(c) Place: burial or cremation West Finley

18. (a) Signature of funeral director Nelly Finley

(b) Address Rogersville Mo

19. (a) Dec 6 1943 (Date received local registrar) (b) Susan O. Berech (Registrar's signature)

23. Signature J. E. Blinn (M. D. or other) D.O.

Address Woodland, Mo. Date signed 12/14/43

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

112000

RECEIVED

District Health Officer No. 6

District File Number 144-53

Date Filed JAN 17 1944

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 *H. H. Kelley*.....

Licensed Embalmer No. 3334.....

P. O. Address *Myerson Ave*.....

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.