

FILED MAR 6 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7707

Do not use this space.

1. PLACE OF DEATH

(a) County Macou Registration District No. 203
 (b) Township Lyda Primary Registration District No. 4314 Registered No. 61
 (c) City Atlanta (d) Street No. 1 St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Oscar Franklin Marsh
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Harding Marsh
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1874
 7. AGE YEARS 69 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendevch, Mo
 FATHER 13. NAME Samuel E. Marsh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 MOTHER 15. MAIDEN NAME Elizabeth Ann Emmert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va -
 17. INFORMANT Mary Marsh
 (ADDRESS) Atlanta Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wm Taber DATE 2-26, 1944
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hendevch
Atlanta Mo
 20. FILED Feb 26, 1944 Mrs. A. L. Cantr
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1944

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1943, to 2-24-, 1944
 I last saw him alive on 2-24-, 1944 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular Disease Date of onset
of heart -

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lyda, M. D.(Address) Atlanta

RECEIVED

District Health Officer No. 10

District File Number 3-44-453

Date Filed MAR 4 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,

H M Gooding, or by

Registered Apprentice No., working under my personal supervision.

Signed H M Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta, 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, above space should be left blank.