

FILED MAY 8 1944

Registration District No. **79**

Primary Registration District No. **5380**

Registrar's No. **700**

1. PLACE OF DEATH:

(a) County **De Kalb Co. Mo.**
(b) City or town **Stewartsville Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home, Washington, Tenn.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Five** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **De Kalb Co.**
(c) City or town **Stewartsville**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles west of Washington Tenn.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LEONARD A. MARSHALL**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Myrtle Marshall** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Oct 20 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **24** If less than one day hr. min.

9. Birthplace **Weston Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER { 12. Name **James Marshall**
13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Sutton**
15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Myrtle Marshall**
(b) Address **Stewartsville Mo**

17. (a) **Rural** (b) Date thereof **4-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Campden, Tenn**

18. (a) Signature of funeral director **John P. Ryan**
(b) Address **Marshall Mo**

19. (a) **4-22-44** (b) **Orin Dingley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1944** hour **6:30** minute **PM**
21. I hereby certify that I attended the deceased from **April 12** 19**44** to **April 14** 19**44**
that I last saw him alive on **April 14** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations **9/4**
Of autopsy.....
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).....
(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) (a) Means of injury.....

23. Signature **M. S. Gale** (M. D. or other).....
Address **O. S. born me** Date signed **7/17/44**

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

JUL 28 1948

8-11

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 *John G. Brann*
Licensed Embalmer No. *3933*
P. O. Address *Mayville 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.