V. S. No. 2
100M—5-43
Rev. 5-17-39

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25228

Primary Registration District No. 4335

Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County ~~John William Marshall~~ Moniteau
(b) City or town Tipton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No. No numbers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME John William Marshall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nora Marshall

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

7. Birth date of deceased August (Month) 19th (Day) 1865 (Year)

8. AGE: Years 78 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Hull, Yorkshire England (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Malindia Jewett
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O.L. Elza
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Tipton, Mo.

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.

19. (a) June 12/44 (Date received local registrar) (b) Mrs. Sers Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from June 4th, 1944 to June 8th, 1944 that I last saw him alive on June 8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral regurgitation	2 wks
Due to: Nephritis, cronic	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. F. Potts (M. D. or other) M.D.
Address Tipton Mo Date signed 6/11/44

871

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-21-44

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Jipton, 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.