

FILED SEP 2 1944

Registration District No. 42 Primary Registration District No. 1205

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether)

In this community 6 hours
years, months or days

3. (a) PRINT FULL NAME Ralph Harry Marsh

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 20th, 1944
(Month) (Day) (Year)

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

6 hr. min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

12. Name Ralph Harry Marsh

13. Birthplace Buchanan County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Berenice Spears

15. Birthplace Andrew County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. H. Marsh

(b) Address 404 Hickory St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St. St. Joseph, Mo.

19. (a) 8/21/44 (b) Helen S. Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 404 Hickory St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 20, 1944 to Aug. 20, 1944
that I last saw him alive on Aug. 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Duration 6hrs.

Due to

Due to

Other conditions 161a
(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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. R. Elliott (M. D. or other) M. D.
Address 80 1/2 Francis St. St. Joseph, Mo. Date signed 8-26-44

1377

307 111

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 *Mollie E. Sidenfaden*
Licensed Embalmer No. *4235*
P. O. Address *St. Joseph, 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.