

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 713 S. 5th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 81 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 213 S. 5th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD ALBERT MARSDEN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Marsden 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb. 18 1863 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Stockman

11. Industry or business _____

MOTHER FATHER
12. Name Richard Marsden
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dalton
15. Birthplace Manchester Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. A. Marsden
(b) Address De Soto Mo.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof Aug 31 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director Samuel B. Disher
(b) Address De Soto Mo.

19. (a) 9-5-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1944 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from June 19 1944 to Aug 28 1944 that I last saw him alive on Aug 28 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Hip
Due to General Incompetence of aged
Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6/6/44
(c) Where did injury occur? home De Soto Jefferson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature Walter J. Talbot (M. D. or other) Address De Soto Mo. Date signed 9/5/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed 9-11-44

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

Signed Samuel B. Dietrich
Licensed Embalmer No. 4104
P. O. Address Delto 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.