

FILED SEP 13 1944

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
In this community 30 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Myrtle V. Marshall

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dean Marshall 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Aug. 20 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 14 hr. min.

9. Birthplace Mississippi Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Doc Beal
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emma Cooke
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dean Marshall
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 9/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston, Mo.

19. (a) 9/7/44 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1944 hour nine minute 45 P.; M.

21. I hereby certify that I attended the deceased from 7/6/44
to 9/3/44
that I last saw h. EX alive on 9/3
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to
Due to

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 E. D. Urban (M. D. or other)
Address Sikeston, Mo. Date signed 9/7/44

RECEIVED

District Health Office No. 2,

District File Number 944-1266

Date Filed 9-12-48

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 Harvey S. Johnson
Licensed Embalmer No. 3704
P. O. Address 399 Prospect St
Seymour, 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.