

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 19 1945  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 5522

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Home for aged Negroes  
(If not a hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 Mo 5  
(Specify whether years, months or days)

In this community 3 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State MA (b) County Jackson

(c) City or town Jessup Mo N. C. Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 35 1/2 N. Cherry 47  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Linnell Marshall

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

4. Sex FB 5. Color or race N.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife 2  
divorced Widow

7. Birth date of deceased: 4-15-1851  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22  
year 44 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov 12 1944 to Dec 22 1944  
that I last saw him alive on 12-22 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>7</u>		hr. min.

Immediate cause of death Labor (Necrosis) Duration 30

Due to Ulcers of stomach

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

10. Usual occupation House maid

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: 108

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant REV. J. Iddine

(b) Address 2217 Michigan K.C.Mo

17. (a) Burial (b) Date thereof 12-30-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLUE RIDGE

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? \_\_\_\_\_

18. (a) Signature of funeral director Boady - Brown

(b) Address 1708 Tracy N. C. Mo

19. (a) Dec 29 1944 of J. M. Schuchman  
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Griffin (M. D. or other) \_\_\_\_\_  
Address Jessup Mo Date signed 12-27-44

PHYSICIAN

vi I Underline the cause to which death should be charged statistically.

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

800

JAN 22 1945

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

..... Licensed Embalmer No. 1271

..... P. O. Address K. G. MS

**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.**