

FILED JUL 16 1945

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Adair County
(b) City or town Richwood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adair-Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scotland
(c) City or town Warren
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country: No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Edna Francis Marsh

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Edw. Marsh

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

7. Birth date of deceased Nov
(Month)

16 1902
(Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>42</u>	<u>6</u>	<u>18</u>	

9. Birthplace Scotland County
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name E. J. Dunlap

13. Birthplace Scotland County
(City, town, or county)

Mo
(State or foreign country)

14. Maiden name Lois Williams

15. Birthplace Lawrence
(City, town, or county)

Kansas
(State or foreign country)

16. (a) Informant Mrs. Adrian Black

(b) Address Memphis, Mo

17. (a) Green Burial (b) Date thereof 6-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren, Mo

18. (c) Signature of funeral director Old Payne & Sons

(b) Address Memphis, Mo

19. (a) 6-9-45 (b) Miss J. N. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 29
1945 to June 4, 1945;
that I last saw her alive on June 4, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis
Duration 13 hrs.

Due to fallowing abdominal surgery 4 di.

Due to _____

Other conditions 17:15
(Include pregnancy within 3 months of death)
Major findings: Appendicitis - sub acute
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)
(c) Means of injury 0

23. Signature George E. Grim (M. D. or other) MD
Address Warren, Mo Date signed 6-8-45

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

123

FEB 20 1947

JUL 19 1945

RECEIVED

District Health Officer No. 10

District File Number 7-45-1150

Date Filed JUL 13 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.....

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

Signed *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis, 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.