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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2821

Registration District No. 421025 Primary Registration District No. 1356210 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: S. E. Part town (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 47 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 9770 (b) County Harrison 41

(c) City or town Ridgeway (If outside city or town limits, write "RURAL")

(d) Street No. S. E. Part town (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sylvia Lula Marsh.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex T. 1

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 2 (Month) 19 (Day) 1898 (Year)

8. AGE: Years 47 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation House Wife.

11. Industry or business

FATHER
12. Name James Cook.
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Nancy Lacy
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Emma Lea Ysman.

(b) Address Ridgeway Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Cemetary

18. (a) Signature of funeral director Robert R Boggels

(b) Address Ridgeway Mo.

19. (a) 12/26/45 (Date received local registrar) (b) Lake Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1945 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 1945, 19, to Nov. 23, 1945 that I last saw her alive on Nov. 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Irritation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lake Brewer (M. D. ~~or other~~)

Address Ridgeway Mo Date signed 12/26/45

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Robert R Boggers

Licensed Embalmer No. 3576

P. O. Address Rid Jewy 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.