

FILED MAR 13 1946
Registration District No. 51

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 27 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 Roosevelt Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Inez Gladys Marshall.

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

4. Sex Fem. 5. Color or race white 6. (a) Single, widowed, married. divorced married
6. (b) Name of husband or wife John Marshall 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 20, 1894. (Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Monmouth Kansas. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Jesse Rowe
13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Obbie
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant John Marshall
(b) Address 1005 Roosevelt, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 3-8-46 (Date received local registrar) (b) Ed O. Jensen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar., day 5, 1946
year hour 2-00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 14 1946 to 3/5/46 19____
that I last saw her alive on 3/5/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Stomachal Pneumonia Duration 2-3 days

Due to _____
Due to _____

Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death) Feb 20/46 to death

Major findings: Of operations _____
Of autopsy 830

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 [Signature] (M. D. or D. O.)
Address Joplin Mo Date signed 3/7/46

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

8773

46-2-196

MAR 18 1946

APR 22 1946

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.

Signed

Clayton M. Surrency

Licensed Embalmer No. 13566

P. O. Address 212 V. O. P. St. Top

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.