S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15803

FILED MAY 17 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 530

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 301 Ohio St. (Home) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 301 Ohio St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JESSE A. MARSH

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-4315A

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 7 (Day) 1878 (Year)

8. AGE: Years 67 Months 11 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Butcher

11. Industry or business Mitchell's Grocery

FATHER
12. Name Rufus E. Marsh
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Celia J. Parker
15. Birthplace Gentry Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Marsh (Wife)

(b) Address 301 Ohio St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) May 9, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5, year 1946 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1, 1946, to May 1, 1946 that I last saw him alive on May 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Collis Kennedy (M. D. or other) 7-46

Address Kirkpatrick Date signed May

34

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.