

FILED MAY 27 1946

Registration District No. 135 Primary Registration District No. 4210 Registrar's No. 3

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

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Ridgeway Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)
 In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Harrison
 (c) City or town Ridgeway
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William M. Marsh
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 30
 year 1946 hour 6 minute 0 M.
 21. I hereby certify that I attended the deceased from 12-10-1944 to 3-30-1946
 that I last saw him alive on 3-26-1946
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased: Feb - 29 - 1872
 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 2 yrs
Cerebral hemorrhage 1 yr

8. AGE: Years 74 Months 1 Days 0
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Retired Mason

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business Mason

12. Name Sheldon Marsh

13. Birthplace Secatur Mo
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Sheldon Marsh

(b) Address Ridgeway Mo

17. (a) Burial (b) Date thereof 4-1-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Cemetery

18. (a) Signature of funeral director: R. H. Hoppell
 (b) Address Ridgeway Mo

19. (a) 4-1-46 (b) L. L. Brewster
 (Date received local registrar) (Registrar's signature)

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 L. L. Brewster (M. D. or other) _____
 Address Ridgeway Date signed 4/1/46

15329

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

R. R. Rogers

Licensed Embalmer No.

3576

P.O. Address

Ridgeway 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.