

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17340**

**FILED** MAY 21 1946

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 67

1. PLACE OF DEATH:  
(a) County Macon  
(b) City or town Macon  
(c) Name of hospital or institution: Steel Delsheth  
(d) Length of stay: In hospital or institution 12/11/45  
In this community to April 23 1946

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Berry 5  
(c) City or town Monett  
(d) Street No. 400 Pearl St  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles Marshall  
3. (b) If veteran, name war non  
3. (c) Social Security No. non

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 23  
year 1946 hour 11 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Dec 11  
1945 to 4/22 1946  
that I last saw h. l. m. alive on 4/22 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Paula Marshall  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased June 9 1879

Immediate cause of death Pulmonary Edema  
Due to Chronic Myocarditis  
Other conditions: None  
Major findings: 930  
Of autopsy: 930

8. AGE: Years 66 Months 10 Days 13  
If less than one day hr. min.

9. Birthplace Berry Mo

10. Usual occupation Railroad Man

11. Industry or business Retired

12. Name Lewis Marshall

13. Birthplace Germany

14. Maiden name Elizabeth Nuttall

15. Birthplace Germany

16. (a) Informant Mrs F O Garvus  
(b) Address Monett Mo

17. (a) Beral (b) Date thereof 4/26/46  
(c) Place: burial or cremation 800 of Lemby Monett

18. (a) Signature of funeral director Albin Meneely  
(b) Address Monett Mo  
19. (a) 5/1/46 (b) Albin Meneely

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury 200  
23. Signature Frank J. Haspernd  
Address Macon Mo Date signed 4/23/46

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

MOTHER, FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MAY 27 1946

JAN 2 1958

RECEIVED  
STATE HEALTH DEPARTMENT  
DIVISION OF HEALTH EXHIBIT No. 10  
DIAG. EXHIBIT No. 5-46-925  
MAY 20 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.....

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

Signed..... *Albert A. Kinnier* .....

Licensed Embalmer No..... *75-1* .....

P. O. Address..... *Macon, Ga* .....

**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.**