S. No. 2
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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. 23365

FILED JUL 29 1946

Registration District No. 292

Primary Registration District No. 3021

Registrar's No.

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

40
1
2

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 1029 McPherson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

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

(d) Street No. 1029 McPherson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lizzie Ann Marsden

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph L. Marsden

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

7. Birth date of deceased Oct. (Month) 6 (Day), 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	9	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John Carter
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary J. Wetherell
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs J. R. Kornahan
(b) Address Trenton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Todd County

18. (a) Signature of funeral director Rayne A. Davis
(b) Address Trenton Mo.

19. (a) 7-23-46 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 21 year 1946 hour 2 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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 Wesley H. Bradford (M.D. or other) Coroner

Address Trenton Mo. Date signed 7/23/46

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(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~~ Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, 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.