

S. No. 2
M-5-43
5-17-39
1 X36571

State File No.

FILED JUL 16 1948

Registration District No.

Primary Registration District No. 2-5581

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:
Galena, Kansas, R#2 ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Galena 14
(If outside city or town limits, write "RURAL")

(d) Street No. R#2 0
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Lee Marshall

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 5, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5	3		hr. min.
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9. Birthplace: Seneca Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Marshall

{ 13. Birthplace Diamond Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Arma Hopkins

{ 15. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Marshall

(b) Address Galena, Kansas, R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-46
(Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 6-12-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 1946 year hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him Did not attend alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Septic Myocarditis
Due to Cerebral meningitis

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

Major findings: Stating for Report
Of autopsy: [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? _____

23. Signature [Signature] (Specify type of place) _____
While at work? _____ Means of injury _____
Address 2114 Jasper Date signed 6/14/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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46-6-533

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 *F. M. Jones*.....

Licensed Embalmer No. *2318*.....

P. O. Address *Joplin 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.