S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29610

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1011

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: State Hospital No. 2. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 16 days (Specify whether years, months or days) In this community 1 month 16 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 11
(c) City or town Brookfield 1 (If outside city or town limits, write "RURAL")
(d) Street No. 7 (If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Marshahh.

3. (b) If veteran, name war -------

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of ~~husband~~ or wife Mrs. Judy Marshall

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

7. Birth date of deceased 9 (Month) 9 (Day) 1868 (Year)

8. AGE: Years 78 Months 9 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace unknown (City, town, or county) Missouri? (State or ~~foreign country~~)

10. Usual occupation Laborer

11. Industry or business Common labor

FATHER
12. Name unknown 4
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown 4
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Linn County Court
(b) Address Linneus, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield, Mo.

18. (a) Signature of funeral director Bowden Funeral Home
(b) Address Brookfield Mo.

19. (a) Sept. 10, 1946 (Date received local registrar) (b) R. J. Mathews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6 year 1946 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7-20-, 1946 to 9-6-, 1946 that I last saw him alive on 9-6-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	2 days
Due to Senile Psychosis	1 year
Due to Arteriosclerosis	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 0

23. Signature J. H. Marroway (M. D. ~~or other~~)
Address State Hospital No. 2 Date signed 9-7-46

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(Licensed Embalmer's Statement on Reverse Side)

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

Brookfield Mo.

OCT 16 1946

OCT 8 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 James B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.