

No. 2  
5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30060

FILED OCT 10 1946

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 772

1. PLACE OF DEATH: **GREENE**

(a) County \_\_\_\_\_

(b) City or town S. Campbell Twp. Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
U.S. Medical Center for Federal Prisoners  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months, 24 days  
3 months, 24 days (If in city or other place, specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James Edward MARSHALL #5700-H

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Alberta Boyle Marshall

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 13 1899  
(Month) (Day) (Year)

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

47 7 12 hr. \_\_\_\_\_ min.

9. Birthplace South Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation plasterer & concrete worker

11. Industry or business Building Trades

12. Name Hilliard Marshall

13. Birthplace South Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Susanna Brown

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

16. (a) Informant File

(b) Address MCEP

17. (a) Burial (b) Date thereof Sept. 29, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director Walter H. Hone

(b) Address Springfield, Missouri

19. (a) 9-28-46 (b) W. H. Hurdley, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Pulaski 999

(c) City or town North Little Rock 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 212 West 8th Street 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25  
year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 1, 1946  
19\_\_\_\_, to September 25, 1946  
that I last saw him alive on September 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases to regional lymph nodes and liver 14 mos.  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hops  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Carcinoma of stomach with metastases to regional lymph nodes  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: and liver.

(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) Means of injury 0

23. Signature E. W. Marshall (M. D. or other) MD

Address Medical Center Fed. Pris. Date signed 9-26-46

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

111

(Licensed Embalmer's Statement on Reverse Side)

Springfield, Missouri

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**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.....

*C. A. Roof*

Licensed Embalmer No.....

*3044*

P. O. Address.....

*Windsor, N.C.*

**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.**

X