

FILED DEC 18 1946

Primary Registration District No. **51021**

Registrar's No. **37**

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

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Friston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs (Specify whether years, months or days)
In this community 7 yrs

3. (a) PRINT FULL NAME FRANCES MAY MARSHALL

8. (b) If veteran, name war no 8. (c) Social Security No. no

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

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

7. Birth date of deceased Oct 15 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Mason City West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Eliqa Nease
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rubeltha
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Rippe
(b) Address Friston Mo

17. (a) Burial (b) Date thereof Dec 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friston Cemetery

18. (a) Signature of funeral director Wesley J. Logan
(b) Address Wesley J. Logan

19. (a) 12/7/46 (b) Jas. J. Logan
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Friston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1946 hour 7:11 minute 45 PM

21. I hereby certify that I attended the deceased from Jan 1 1946 to Nov 30 1946
that I last saw her alive on Nov 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Renal vascular disease

Due to Chronic Myocarditis

Due to _____

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

Major findings: Of operations A3D

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? (a) Means of injury _____

23. Signature J. A. Blakes (M. D. or other) MD
Address Boone mo Date signed 12/4/46

RECEIVED
District Health Officer No. 7
District File No. 11-46-3095
Date Filed 12-11-46

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 John F. Rosen
Licensed Embalmer No. 4095
P. O. Address Marsaw

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, above space should be left blank.