

Registration District No. 156

Primary Registration District No. 2201

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
Joplin, Missouri Rural #3 /
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Rural
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. Joplin
(If rural, give location) **0**
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME ROBERT E. 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, married

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

7. Birth date of deceased July 18 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 34 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Spring City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER { 12. Name T. E. Marshall

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

14. Maiden name Drucella Cummings

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

16. (a) Informant Mrs. Clara Marshall

(b) Address Joplin, Missouri, R#3

17. (a) Burial (b) Date thereof 12-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-17-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 15 year 1946 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from Dec 8 to Dec 15 1946
 that I last saw him alive on Dec 14 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Peritonitis Duration 7 Mo
General Tuberculosis

Due to _____

Due to _____

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

Major findings: 228
 Of operations _____
 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 0

23. Signature [Signature] (M. D. or other) _____
 Address Joplin Mo Date signed 12-17-46

46-12-1175

3-1

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. 2319

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.