

S. No. 2
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5-17-39
I X47070

FILED JAN 20 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **23**

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

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:
Mo. Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 day
 (Specify whether years, months or days) 57 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2718 Pear
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name count:

3. (a) PRINT FULL NAME William R. Marshall
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 6
 year 1947 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from
1-2-1947 to 1-7-1947
 that I last saw him alive on 1-7- 1947
 and that death occurred on the date and hour stated above

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hester J. Marshall
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 4 1870
 (Month) (Day) (Year)

Immediate cause of death acute endocarditis,
infectious mouth with
alimentary tract
 Due to ch. kidney disease -

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>77</u>	<u>0</u>	<u>2</u>	hr. min.

Due to
 Other conditions
 (Include pregnancy within 3 months of death)

9. Birthplace: Mitchell Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business C. B. & Q. Railroad Co.

MOTHER FATHER
12. Name John Marshall
13. Birthplace Unknown No. Carolina
 (City, town, or county) (State or foreign country)
14. Maiden name Mary Young
15. Birthplace Mitchell Indiana
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy 31B
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hester J. Marshall

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/9/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Horton Be Gale + Robinson

(b) Address St. Joseph, Mo.

19. (a) 1-8-47 **(b)** G. L. Jenkins
 (Date received local registrar) (Registrar's 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?

While at work? (Specify type of place) (e) Means of injury 4D

23. Signature H. B. Agnew (M. D. another)
 Address St. Joseph, Mo. Date signed 1/8/47

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, Raymond H. Merckel

....., Registered Apprentice No.
working under my personal supervision.

Signed

Raymond H. Merckel

Licensed Embalmer No. 4413A

P. O. Address 37 So. 10th St. 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.