

No. 2  
M-5-43  
5-17-39  
X3667

**FILED JAN 16 1947**  
Registration District No. **324**

Primary Registration District No. **3872**

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

**1. PLACE OF DEATH:**  
(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
666 W. Boyd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Months  
In this community 3 Months  
years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** Charles Archie Marcelle  
(b) If veteran, name war. # \_\_\_\_\_ (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 Ida May Maddox 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased September 2 1882  
(Month) (Day) (Year)

**8. AGE:** Years 64 Months I Days II If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Milan Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Hung Wall Paper

**MOTHER FATHER**  
12. Name Peter Marcelle  
13. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

14. Maiden name Tabitha Sparling  
15. Birthplace New Haven Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida May Marcelle  
(b) Address Ottumwa Iowa

17. (a) Burial Removal (b) Date thereof 1/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottumwa Cemetery, Iowa

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

19. (a) 1-4-47 (b) ...  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Iowa (b) County Wapello  
(c) City or town Ottumwa  
(If outside city or town limits, write "RURAL")  
(d) Street No. 922 South Walnut  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Jan day 10 year 1947 hour 10 minute 9 M.  
21. I hereby certify that I attended the deceased from Sept 10 1947 to Jan 3 1947  
that I last saw him alive on Jan 13 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease  
Duration \_\_\_\_\_

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: ASD  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(a) Means of injury ...  
23. Signature James A. ... (M. D. or other) ...  
Address Marshall Mo. Date signed 1-7-47

DEPARTMENT OF HEALTH  
PUBLIC HEALTH BOARD  
Date of Death 11-4-7

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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 J Leslie Sweeney  
Licensed Embalmer No. 3235  
P. O. Address Marshall, 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.