

FILED JUN 9 1947

Registration District No. 327

Primary Registration District No. 3072

Registrar's No. 1117

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:
502 East Mitchell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 18 Months
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 502 East Mitchell
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Ann Marschall

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Peter C. Marschall 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 24th, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 6 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name James Mitchell
 13. Birthplace London England
 (City, town, or county) (State or foreign country)
 14. Maiden name America Ann Woodyard
 15. Birthplace Parkersburg, W. Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Wyatt
 (b) Address 502 E. Mitchell, Marshall, Mo.
 17. (a) Burial (b) Date thereof June 1, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Campbell-Pearl
 (b) Address Marshall, Mo.
 19. (a) May 31-1947 (b) Sidney T. Gray
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
 year 1947 hour 4 minute 15⁰⁰ M.

21. I hereby certify that I attended the deceased from Jan 14th to May 3rd 1947
 that I last saw her alive on 3rd May and that death occurred on the date and hour stated above. 1947

Immediate cause of death Cerebral apoplexy Duration 2 months
 Due to Hypertension, Essential 10 year
 Due to _____

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

Major findings: 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) (e) Means of injury 0

23. Signature C. A. Vestch M.D. (M. D. or other)
 Address Marshall, Mo. Date signed 5/21/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. ?

District File Number:

Date Filed 6-6-47

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, ~~or by~~

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

Signed Jan. H. Peires

Licensed Embalmer No. 1171

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.

Registration District No. 324

Primary Registration District No. 2072

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlotte A Marshall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 24
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days _____
(Unless than one day)

_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 31-1947 (b) A Sydney T Gray
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings:
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

S-19797