

FILED JUN 18 1947

Registration District No. **33** Primary Registration District No. **3010** Registrar's No. **186**

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 15 years
 years, months or days

3. (a) PRINT FULL NAME Robert Earl Marsh
3. (b) If veteran, name war no
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 married
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April 30 1906
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace Grafton See 1
 (City, town, or county) (State or foreign country)

10. Usual occupation U.S. Engineer

11. Industry or business _____

12. Name Charley F. Marsh
13. Birthplace Grafton See 1
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. R. C. Marsh
(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) Memorial Park
(b) Date thereof June 4 47
 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Joe J. Howell
(b) Address Cape Girardeau Mo

19. (a) 6-13-1947 (Date received local registrar)
(b) C. C. Desrosiers (Registrar's signature) 111

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Gir 16
 (c) City or town Cape Girardeau 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 120 Broadway 4
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 year 1947 hour 6 minute a M.

21. I hereby certify that I attended the deceased from August 13 1947 to June 2 1947
 and that I last saw him alive on May 15th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Lympho-sarcoma with metastasis
 Duration 3 yrs

Due to _____
 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 _____

23. Signature R. C. Ritter, M.D. (M. D. or other) _____
 Address Cape Girardeau Mo Date signed 6-12-47

RECEIVED

District Health Officer No. 4
District File Number 647-812
Date Filed 6-16-47

REC'D
AUG 13 1947

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 Mrs. Emma B. Howell

Licensed Embalmer No. 3247

P. O. Address Cape Girardeau

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.