

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1947
Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 188

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... E. West
(If not in hospital or institution, write street number or location)

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

In this community... Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Saline

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

(d) Street No... E. West
(If rural, give location)

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

3. (a) PRINT FULL NAME... Sallie Smith

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
47 year... 11 hour... 15 min. etc.

21. I hereby certify that I attended the deceased from Sept 4th to Sept 9th 1947,
that I last saw her alive on Sept 9th 1947,
and that death occurred on the date and hour stated above.

4. Sex... Female 5. Color or race... Negro

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased... May 27 1894
(Month) (Day) (Year)

Immediate cause of death... Subacute Bacterial Endocarditis

Duration... Known

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

53 3 12 hr. min.

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

10. Usual occupation... House-keeper

11. Industry or business... Housekeeping

12. Name... Jasper Walker

13. Birthplace... North Marshall, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name... Charity Williams

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

16. (a) Informant... Carrie Jones

(b) Address... K. E. Mo.

17. (a) Burial (b) Date thereof... 9/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Marshall, Mo.

18. (a) Signature of funeral director... Green + Sons

(b) Address... Marshall, Mo.

19. (c) 9/13/47 (d) J. D. Gray
(Date received local registrar) (Registrar's signature)

Major findings: none

Of operations... none

Of autopsy... none

PHYSICIAN... 9/13

Underline the cause of 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... ✓

23. Signature... W. H. Jackson (M. D. or other) 0

Address... Marshall, Mo. Date signed... 9-13-47

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

17
1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-6-47

68616 100
OCT 9 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 _____

working under my personal supervision.

Signed George H. Green
Registered Apprentice No. _____

Licensed Embalmer No. 4220

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.