S. No. 2
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P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43898

Registration District No. 324 | Primary Registration District No. 3072 | Registrar's No. 259

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

97
1
2

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: II7I South Redman / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Marshall (If outside city or town limits, write "RURAL") 1
(d) Street No.: II7I South Redman (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Phillip George Marschall
3. (b) If veteran, name war: - - -
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary C. Marschall
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: December (Month) I7th (Day), I86I. (Year)
8. AGE: Years 86 | Months 0 | Days 9 | If less than one day ..... hr. ..... min.
9. Birthplace: Uniontown (City, town, or county) Kentucky (State or foreign country) /
10. Usual occupation: None
11. Industry or business:
12. Name (Father): Peter Christain Marschall 4
13. Birthplace (Father): Unknown (City, town, or county) Germany (State or foreign country) /
14. Maiden name (Mother): Elizabeth Klink
15. Birthplace (Mother): Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Mrs P. G. Marschall
(b) Address: II7I S. Redman, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29, I947. (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park cemetery.
18. (a) Signature of funeral director: Campbell-Lewis
(b) Address: Marshall, Mo.
19. (a) 12-29-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1947 hour 10 minute 35 P.M.
21. I hereby certify that I attended the deceased from Aug. 20, 1947 to Dec 26, 1947; that I last saw him alive on 12-26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile gangrene	4 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: X
Of autopsy: X

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 0
23. Signature: H. C. Putman (M. D. or other)
Address: Marshall Mo Date signed 12-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED:
District Health Officer No. 8,
District File Number
Date Filed 1-9-48

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

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.