S. No. 2
M—8-43
. 5-[illegible]39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Martin 43928

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 Greer St 1
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Greer 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MALCOLM MARSHALL
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April 10 1916 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	7	29	hr. min.

9. Birthplace Sikeston (City, town, or county) Mo (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Wilson Dean Marshall
13. Birthplace Cape Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Myrtle Beal
15. Birthplace Bertrand (City, town, or county) Mo (State or foreign country)
16. (a) Informant W. D. Marshall
(b) Address Sikeston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo
18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo
19. (a) 12-31-47 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature) 3 A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1947 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec. 6, 1947, to Dec. 9, 1947; that I last saw him alive on Dec 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, lobar —	5 days —
left upper lobe —	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
108

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. D. Martin (M. D. or other) MD
Address Sikeston Mo Date signed 12-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-52
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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.