

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19045**

FILED JUL 6 1948

Registration District No. **70**

Primary Registration District No. **4159**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Daviess**

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

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **29 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Jane Marshall**

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

3. (c) Social Security No. **V**

4. Sex **F**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **William Marshall**

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

7. Birth date of deceased **Feb 1 1864**
(Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **21** If less than one day hr. min.

9. Birthplace **Henry MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Josner Miller**

13. Birthplace **Holtins & Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Delfia Wheeler**

15. Birthplace **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **F. Lloyd Marshall**

(b) Address **Pattersonburg MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 23 - 48**
(Month) (Day) (Year)

(c) Place: burial or cremation **F. Airport MO**

18. (a) Signature of funeral director **Robert V. Durham**

(b) Address **Pattersonburg MO**

19. (a) **19 June 1948** (Date received local registrar) (b) **Theresa M. Engelhardt** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Daviess**

(c) City or town **Pattersonburg MO**
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
year **1948** hour **12** minute **25** A.M.

21. I hereby certify that I attended the deceased from **May 17th**
1948 to **May 22nd** **1948**
that I last saw her alive on **May 21st** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Bi-lobar Pneumonia

Due to **Senility**

Due to **Colitis & Intestinal Congestion**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **107**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**

(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 **2**

23. Signature **B. Lee Shubone** (M. D. or other) **DO**
Address **Pattersonburg** Date signed **5-22-48**

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

MOTHER FATHER

Duration **12 hours**

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Robert V. Dunham....., Registered Apprentice No. 50
working under my personal supervision.

Signed *G. S. Granger*.....

Licensed Embalmer No. 2857

P. O. Address. Pattonburg 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.