

FILED JUL 28 1948

Registration District No. 274

Primary Registration District No. 5927

Registrar's No. 210

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Rural, Green Ridge Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 3, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Hettie Jane Marshall
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Marshall
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased April 25 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 17
If less than one day hr. min.

9. Birthplace Walker County Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER-FATHER
12. Name John C. Dunn
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Henry
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Marshall
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner Windsor, Mo.
(b) Address

19. (a) 7-19-48 (b) Betty Yeager
(Data received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3, Windsor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 2, 1948, to July 11, 1948
that I last saw him alive on July 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myeloid leukemia
Due to Chronic myeloid leukemia

Due to Chronic myeloid leukemia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?

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

23. Signature H. Marshall (M. D. or D. O.)
Address Windsor, Mo. Date signed 7/14/48

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-22-48

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.....

William M. Sumner, Registered Apprentice No. 470
working under my personal supervision.

Signed W. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Sutton, Mi.

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.