

FILED AUG 12 1948

State File No. _____

Registration District No. 324

Primary Registration District No. 6084

Registrar's No. 166

1. PLACE OF DEATH:
(a) County Saline, County, Mo.
(b) City or town Houstonia, Rural Route # I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Blackwater township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All his life (Specify whether years, months or days)

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

3. (a) PRINTED FULL NAME Robert Booth Marshall
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27
year 1948 hour 4 minute _____ M.
21. I hereby certify that I attended the deceased from _____
investigated the death July 27, 1948
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Mae Marshall
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June 6th, 1897
(Month) (Day) (Year)

Immediate cause of death: Spicide by hanging
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
51 I 21 hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 1640
Major findings: Of operations _____
Of autopsy NOT

9. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

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

11. Industry or business _____
12. Name Joseph L. Marshall
13. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha E. Humphrey
15. Birthplace Pike County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Mae Marshall
(b) Address Houstonia, Mo. Rural
17. (a) Burial (b) Date thereof July 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 27, 1948
(c) Where did injury occur? in his Saline Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His home on farm
(Specify type of place)

(c) Place: burial or cremation Bethlehem cemetery
18. (a) Signature of funeral director Campbell
(b) Address Marshall, Mo.
19. (a) July 29, 1948 (b) Sidney J Gray
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____
23. Signature Paul Ross Croner (M. D. or other) _____
Address Marshall Mo. Date signed 7-26-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed _____

2-11-48

AUG 27 1948

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

Licensed Embalmer No. _____

3469

P. O. Address _____

Marshall W.

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.