

FILED AUG 28 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 272

1. PLACE OF DEATH:
(a) County B. HICK
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Reynolds
(c) City or town Holland 78
(If outside city or town limits, write "RURAL.") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Edward S Marshall
3. (b) If veteran, - name war -
3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1948 hour 4 minute A.M.

4. Sex MD 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Marshall
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: Jan 29 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/29/48 1948 to 4/2/48 1948
that I last saw him alive on 4/2/48 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 1 Days 3 If less than one day
hr. _____ min. _____

Immediate cause of death Coronary Decompensation
Due to Chronic Myocarditis
Due to _____

9. Birthplace Carmichael Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Loys Marshall
13. Birthplace Linden Tenn
(City, town, or county) (State or foreign country)
14. Maiden name B. B. Bacheller
15. Birthplace Linden Tenn
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Clifford Jackson
(b) Address Holland MO
17. (a) Removal (b) Date thereof 4-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carter # 8 Cem

23. Signature F E Dingle (M. D. or _____)
Address Poplar Bluff Mo Date signed 8/23/48

18. (a) Signature of funeral director German United
(b) Address Bluff Mo
19. (a) 8-24-48 (b) _____
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,
District File Number 848-1071
Date Filed 8-26-48

AUG 30 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.....

John St. German
Licensed Embalmer No. 4355

P. O. Address Hayti, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.