No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1948 865

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26855

Primary Registration District No. 5611

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Post Oak
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. Leeton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 50yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RFD Leeton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Viola Virginia Marshal

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Marshal

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January (Month) 8 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Charles Marks
13. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown James
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant George Marshal
(b) Address Cornelia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cornelia Cemetery

18. (a) Signature of funeral director S weeney-Phillips
(b) Address Warrensburg Mo.

19. (a) 8/26-48 (Date received local registrar) (b) Mamie D Haskett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Aug
year 1948 hour 2. minute 45 A M.

21. I hereby certify that I attended the deceased from June 10, 1948, to Aug 24, 1948
that I last saw her alive on Aug 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs

Due to phrombosis of Arty of brain

Due to High blood pressure
Sig a long time

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation

Of autopsy None

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? no injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John T Anderson (M. D. or other)

Address Warrensburg Date signed Aug 24 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. J. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.