

FILED DEC 2 1948
Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 1 mo. 23 days
In this community 1 yr. 1 mo. 23 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Clair **93**
(c) City or town Taberville **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **1**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Burney C. Marshall

3. (b) If veteran, name war World War II 3. (c) Social Security No. Yes-not-remembered

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma Marshall 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased September 3 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Dry Cleaner

11. Industry or business Laundry

12. Name Lewis Marshall

13. Birthplace Paradise Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Warren

15. Birthplace Paradise Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration Hospital

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 11-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of removal Kansas City, Mo.

18. (a) Signature of funeral director D. W. Newcomers Sons

(b) Address Kansas City, Missouri

19. (a) 11/10/48 (b) Carolene Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10 year 1948 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from September 17, 1947 to November 10, 1948, that I last saw him alive on November 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, reinfection type, far advanced, active, severe symptoms
Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No autopsy

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 LOUIS LEVIN (M.D. or other) M.D.
Address Excelsior Springs, Mo. Date signed 11-10-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48.....

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Jess T. Deuss.....

Licensed Embalmer No. 4403.....

P. O. Address 75 Amos City.....

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.