

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9474

State File No.

80
30

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

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>La Monte</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Monte</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Marshall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 2 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 14 1871</u>
9. AGE (in years) (months) (Days) (Hours) (Min.) <u>77</u> <u>9</u> <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Master</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Master</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Knoxville Tenn.</u>
11. BIRTHPLACE (State or foreign country) <u>Knoxville Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>William T. Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Huggins</u>	14. NAME OF HUSBAND OR WIFE <u>May Weathers Marshall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-12-4119</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Mo J B Marshall La Monte Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Hemorrhage from bowels</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>large appendix free bladder stomach</u> DUE TO (c) <u>Probably Tuberculosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1550D</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u> <u>Feb 9-49</u> <u>to Mar 2-49</u>	
19a. DATE OF OPERATION <u>Feb 9-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Appendix, Gall bladder & stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 28</u> , 19 <u>49</u> , to <u>Mar 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 2</u> , 19 <u>49</u> and that death occurred at <u>119</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.E. Walker M.D.</u> (Degree or title)		23b. ADDRESS <u>La Monte Mo.</u>	23c. DATE SIGNED <u>3-3-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Monte Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Monte Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-4-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Moore La Monte Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-15-49

676181878

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Paul M. Moore

Signed _____
Student Embalmer

Licensed Embalmer No. 3923

P. O. Address La Monte 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.