

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 12863

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER, Mo.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>301 Ozark</b>		d. STREET ADDRESS (If rural, give location) <b>301 Ozark</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSE</b> b. (Middle) <b>MARIE</b> c. (Last) <b>MARSHALL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 11 49</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 7, 1928</b>
9. AGE (In years last birthday) <b>21</b>		# UNDER 1 YEAR Months <b>2</b>	YEAR Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Seneca, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>H. A. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Letha Crafferreid</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Marshall</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Marshall</b> ADDRESS <b>Joplin, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b> <b>8 months</b>		<b>5021</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>Sept. 22, 1948</b> , to <b>Apr. 4, 1949</b> , that I last saw the deceased alive on <b>Apr. 7, 1949</b> , and that death occurred at <b>7:30 p.m.</b> , from the cause and on the date stated above.			
23a. SIGNATURE <b>R. B. Roberts, D.O.</b> (Degree or title)		23b. ADDRESS <b>Box 294 Seneca, Mo.</b>	
23c. DATE SIGNED <b>4/16/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-14-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forest Park</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-20-49</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>138 Parker-Hunsaker Mortuary, Joplin, Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Parker-Hunsaker Mortuary, Joplin, Mo.</b>	

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.

Student .....  
Student Embalmer

Signed *F M Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin 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.