

FILED JUN 22 1949

STANDARD CERTIFICATE OF DEATH

19955

State File No.

10.48

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 20 Yrs.		d. STREET ADDRESS (If rural, give location) 1021 James	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1021 James		d. STREET ADDRESS (If rural, give location) 1021 James	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
John Marvin Marshall			June 9, 1949.		

5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1881	9. AGE (In years last birthday) 68	if UNDER 1 YEAR Months 5	if UNDER 1 YEAR Days 6	if UNDER 1 YEAR Hours 	if UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Jane, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Sameul Marshall	13b. MOTHER'S MAIDEN NAME Davenport	14. NAME OF HUSBAND OR WIFE Alix R. Coffee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leonard Marshall,	ADDRESS Carthage, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion, Coronary Artery		INTERVAL BETWEEN ONSET AND DEATH instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic		
	DUE TO (c) interstitial		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		3 years	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 6, 1947**, to **June 9, 1949**, that I last saw the deceased alive on **June 3, 1949**, and that death occurred at **11:55pm.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D.	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED June 10 '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12,-49	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri.
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DATE REC'D BY LOCAL REG. 6/11/49	REGISTRAR'S SIGNATURE P. B. Clinton, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer,	ADDRESS Carthage, Mo.
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for Embalmer's Statement on Reverse Side)

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

RECEIVED 6-20-49

Jasper County Health Office

County File Number 49-6-481

Date Filed 6-20-49

JUN 23 1949

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

John S. Pennington

Licensed Embalmer No. 4194

P. O. Address.....

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.