

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29509

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

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5176</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Auglaize twp</u>		c. LENGTH OF STAY (In this place) <u>Years</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Auglaize twp</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi E of Stoutland Mo</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi E of Stoutland Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u>			b. (Middle) _____		c. (Last) <u>Marshall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 7 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>July 18, 1861</u>		9. AGE (In years last birthday) <u>88</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	if UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Buffalo New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Amos Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Jane 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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellen J Marshall Stoutland 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				INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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 <u>Aug - 23, 1949</u> , to <u>Sept 7, 1949</u> , that I last saw the deceased alive on <u>Sept 2, 1949</u> , and that death occurred at <u>7 30</u> m. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. E. Carlton M.D.</u>				23b. ADDRESS <u>Stoutland Mo</u>		23c. DATE SIGNED <u>Sept 8 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo</u>				
DATE REC'D BY LOCAL REG. <u>Sept-9-1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Irwin 42</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. ... Stoutland Mo</u>				

RECEIVED
District Health Officer No. 7,
District File Number 8-49-1121
Date 9-20-09

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 Dorsey M Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.