

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29539

State File No.

FILED OCT 8 1949

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Whitewater</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile N.W. of Sedgewickville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED a. (First) <u>TRAVIS</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>MARSHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24 1949</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 28 1905</u>		9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Joe Marshall</u>			13b. MOTHER'S MAIDEN NAME <u>Schnelda Bollinger</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Marshall</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>339-07-6584</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Marshall</u>		ADDRESS <u>Sedgewickville Mo.</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>POLIOMYELITIS, BULBAR</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PNEUMONIA</u>				<u>9 days</u>	

19a. DATE OF OPERATION _____		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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 12 Sept, 1949 to 24 Sept, 1949, that I last saw the deceased alive on 24 Sept, 1949, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Kinley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cape Girardeau, MO.</u>		23c. DATE SIGNED <u>27 Sept. 49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>C.C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. Combs</u>		ADDRESS <u>Funkland Co. Jackson, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SIVED 10-3-49

Health Officer No. 4

Number 1049-12

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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 Embalmer No.....

Signed *B.A. Meyer*

Signed.....
Student Embalmer

Licensed Embalmer No. 3051

P. O. Address *Jackson 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.