

S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21289

FILED JUL 13 1942

State File No.

Registration District No. 347

Primary Registration District No. 5493

Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Montrose Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Rural, Deepwater, Ind.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Mary Eliot Marsh

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1942 hour 10 30 a.m. minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ala. 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased May 13 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18, 1941 to June 14, 1942;
that I last saw him alive on May 23, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 1 1 _____ hr. _____ min.

Immediate cause of death Coronary atherosclerosis

Due to _____

Due to _____

9. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Other conditions g f a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

MOTHER FATHER {

12. Name David W. Clark

13. Birthplace Virginia _____
(City, town, or county) (State or foreign country)

14. Maiden name Jackson

15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Marsh

(b) Address Montrose

17. (a) Burial (b) Date thereof June 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wesley Bus

(b) Address Montrose Mo

19. (a) June 16, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

1667 (Licensed Embalmer's Statement on Reverse Side)

While at work? _____
(Specify type of place) Means of injury.

23. Signature WAT (M. D. or other) MD

Address Appleton City Date signed 6-16-42

RECEIVED

District Health Officer No. 7,

District File Number

7-42-702

Date Filed

7-7-42

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 *me*

on the 16th day of June 1942

Registered Apprentice No.

working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. *1499*

P. O. Address

Franklin City, 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.