DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Doctor Beech
Elijah Mo. 6812

State File No.

Registration District No. 384 Primary Registration District No. 5538 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Hocomo, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Mo (b) County Howell
(c) City or town Rural. Benton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Lee Marshell 624
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, ~~widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Mary P. Marshell
6. (c) Age of ~~husband~~ or wife if alive 65 years
7. Birth date of deceased Feb. (Month) 12 (Day) 1868 (Year)

8. AGE: Years ~~76~~ 72 Months Days 3 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant's own signature T. H. Marshell
(b) Address Hocomo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 16 (Day) 1940 (Year)
(c) Place: burial or cremation Mt. Zion Cem.
18. (a) Signature of funeral director O. B. McClure
(b) Address Gainesville Mo. 3
19. (a) 2-16-40 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th
year 1940 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 1938, to 2-15, 1940;
that I last saw him alive on Feb. 1, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral apoplex death occurring in 10 minutes
Duration
Due to
Due to
Other conditions high blood pressure
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature C A Beach (M. D. or other) DMD
Address Elijah Mo Date signed 2-21

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

RECEIVED
District Health Officer No. 5

District File Number 340 258

Date Filed 3 8 40

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.

S. No. 2B
4—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6812

Registration District No. 384 Primary Registration District No. 3338 Registrar's No.

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Benton Sis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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.

3. (a) PRINT FULL NAME: Thomas Lee Marshall
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: m
5. Color or race: W
6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive: years
7. Birth date of deceased: Feb (Month) 12 (Day) 1868 (Year)

8. AGE: Years 72 Months - Days 3 If less than one day h. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-16-40 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 — year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h. alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature: C. A. Beach (M. D. or other)
Address: Elizabeth Mo Date signed

SUPPLEMENTARY

S-6812