DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39493

Registration District No. 689 Primary Registration District No. 3033 Registrar's No. /

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 403 NORTH MAIN ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 29 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PIKE
(c) City or town LOUISIANA
(If outside city or town limits, write "RURAL")
(d) Street No. 403 NORTH 3rd ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MARTHA AURELIA MARSH
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED
6. (b) Name of husband ~~or wife~~ CHARLES ORLANDO MARSH
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUGUST (Month) 31 (Day) 1863 (Year)

8. AGE: Years 77 Months 2 Days 0 If less than one day hr. min.

9. Birthplace SUMMER HILL (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —
FATHER
12. Name ROBERT B SANDERSON
13. Birthplace SUMMER HILL (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name AMENDA SHAW
15. Birthplace SUMMER HILL (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant's own signature Lee O. Marsh
(b) Address Louisiana Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 3, 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ SUMMER HILL ILL
18. (a) Signature of funeral director W. F. [illegible]
(b) Address Louisiana Mo
19. (a) Nov 2/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 1st year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 14, 1940, to Nov. 1, 1940, 19 ; that I last saw her alive on Oct. 31, 1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Angina Pectoris	several years
Due to Arterio Sclerosis	"
Other conditions (Include pregnancy within 3 months of death)	

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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 R. L. Andrae M.D. (M. D. ~~coroner~~)
Address Louisiana, Mo. Date signed 11/2/40

(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

RECEIVED
District Health Officer No. 10
District File Number 12-40-2233
Date Filed DEC 7 1940

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 Harold Garner, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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, above space should be left blank.