

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29132

SEP 15 1941

SEP 15 1941

692431

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Flemington Mo
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Flemington Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm Frank Marsh

(b) If veteran, name war _____

(c) Social Security No. 0-1-94-1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1941 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

4. Sex M 5. Color or race Wht

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

6. (b) Name of husband or wife Laura Alice 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25, 1862
(Month) (Day) (Year)

that I last saw him alive on 8/10/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

8. AGE: Years 79 Months 3 Days 15 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Merchant - Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Everett Marsh

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 8/17/41
(Burial, cremation, or removal) (Month/Day/Year)

(c) Place: burial or cremation Flemington Mo

18. (a) Signature of funeral director JR Luckey

(b) Address Whetland Mo

19. (a) Aug 24 1941 (b) Veda Mcbricker
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature WJ Robinson (M. D. or other) _____

Address Flemington Mo Date signed 8/16/41

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

RECEIVED

District Health Officer No. 7;

District File Number 9-41-1672

Date Filed 9-12-41

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.

Signed J. P. Luckey

Licensed Embalmer No. 8982

P. O. Address Westland Mich

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.