S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25911

Registration District No. 322 Primary Registration District No. 3072 Registrar's No. 133

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 468 South Lehman
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall (If outside city or town limits, write "RURAL")
(d) Street No.: 468 South Lehman (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Nellie Steward
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: August (Month) 11 (Day) 1870 (Year)

8. AGE: Years 75 Months 11 Days 17 If less than one day hr. min.

9. Birthplace: Malta Bend (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housekeeping
11. Industry or business: Housekeeping
FATHER
12. Name: John Franklin
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucy Franklin
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Lillie Sims
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 31, 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshall, Mo
18. (a) Signature of funeral director: Green and Sons
(b) Address: Marshall, Mo.
19. (a) July 29 46 (Date received by local registrar) (b) Mrs T. De Westhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th 1946 year 10 hour 45 minute P.M.
21. I hereby certify that I attended the deceased from 19.. to July 29th 1946; that I last saw her alive on July 27 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis and Valvular Heart Disease (Don't Know)	Don't Know
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? —
While at work? — (Specify type of place) (e) Means of injury:
23. Signature: W. A. Madison (M. D. or other)
Address: Marshall, Mo. Date signed 7-29-46

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 1949

8-10-46

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 George H Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.