

1930

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 2  
M-2-43  
7-5-17-39  
P1 X33697

FILED FEB 13 1945  
Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
Staten Clinic, 215 South Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days

In this community Life 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Norborne 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #3 1  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Florence Victoria Marshall

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 2  
1945, to Jan. 4 1945.

that I last saw h. er. alive on Jan. 4 1945  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Glen 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July 22 1922  
(Month) (Day) (Year)

Immediate cause of death:  
Child birth. 6 hrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 150¢

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

10. Usual occupation Housewife

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sim Elliott

{ 13. Birthplace Carroll County, Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name HATTIE GOOKEN

{ 15. Birthplace Lincoln Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Glen A. Marshall

(b) Address Norborne, Missouri

17. (a) Burial (b) Date thereof 1-8-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilead Baptist Cemetery

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 Richman, Ma.

(b) Address \_\_\_\_\_

19. (a) 1-8-1945 (b) Mr. James Rafferty  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature J. Hamilton Staten (M. D. or other) \_\_\_\_\_

Address Carrollton, Mo. Date signed Jan 4 1945

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

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 2-10-45

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**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. H. H. H.*

Licensed Embalmer No. 2073

P. O. Address Richmond, Va.

**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.**