

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9509
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Missouri (d) Street No. 2424 Cherry Registered No. 974
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Marsch 620
 (a) Residence, No. 2424 Cherry St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nicholas Marsch</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 15, 1858</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>			
	13. NAME <u>Hubert Zirbis</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>			
	15. MAIDEN NAME <u>Katherine Zirbis</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>				
17. INFORMANT <u>Lillian Marsch (Daughter)</u> (ADDRESS) <u>2424 Cherry St., Kansas City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Calvary Cemetery</u> PLACE <u>Kansas City, Missouri 3/4/1938</u>				
19. FUNERAL DIRECTOR <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri</u>				
20. FILED <u>Mehr 1938 M. M. Brown</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 2, 1938</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 31, 1937</u> to <u>Mar 2, 1938</u>	
I last saw her alive on <u>3-1, 1938</u> . Death is said to have occurred on the date stated above, at <u>A. m. 12:15</u>	
The principal cause of death and related causes of importance were as follows: <u>Br. Pn. Hypostatic</u> <u>Pulm. Embolus</u> <u>Cerebral Embolus</u>	
Other contributory causes of importance: <u>Arteriosclerotic Hypertension</u> <u>Cardiovascular Disease</u>	
Name of operation	Date of
What test confirmed diagnosis? <u>Phy E</u>	Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	Nature of injury
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Frank Brown</u> M. D. (Address) <u>924 Piny Ridge, K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FORM 7-3-37 1 X12004

*Prof. Beady
2. 12. 77.*

Beady

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)