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.

REC'D AUG 8 1938

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

24341
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 300
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2846
(c) City Kansas City, Missouri (d) Street No. 3031 College Avenue, K.C.Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Frank Lewis Marsh,
(a) Residence, No. 3031 College Ave., K.C.Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Helen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13th, 1878

7. AGE: Years 60 | Months 5 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. Webb Meat Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

FATHER
13. NAME Thomas Marsh, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 9

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Louise Helen Marsh
(ADDRESS) 3031 College Avenue, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Falls, Ks. DATE July 15th, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C.L.Forster
(ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED 7-14, 1938 M. M. Crowgash
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19th, 1937, to July 13th, 1938
I last saw him alive on July 13th, 1938. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1937
131	

Other contributory causes of importance:
Chronic interstitial Nephritis
Arterio sclerosis

Name of operation NONE Date of ✓
What test confirmed diagnosis Clinical Was there an autopsy? No

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? No
If so, specify ✓
(Signed) Samuel Voegelin, M. D.
(Address) Vineyard Park Hospital

Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.