

REC'D FEB 20 1939

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

Board of Health.

1408

Do not use this space.

421

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 421  
 (c) City Kansas City, Missouri Street No. 3801 Mersington, 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 Austin A. Marquette

(a) Residence, No. 3801 Mersington, K. C. Mo. 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 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 Elizabeth Marquette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cleaning & Pressing  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 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) Wisc.13. NAME Jank Marquette14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT Milton Marquette a Son,  
(ADDRESS) 3801 Mersington, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah, Cem. DATE 2/1 193919. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED Jan 31 1939 Dr. Browne  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30th, 193922. HEREBY CERTIFY, That I attended deceased from Deputy Coroner, to Deputy Coroner, 19....., 19.....

I last saw deceased on Jan 30, 19..... Death is said to have occurred on the date stated above, at 6: A.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary sclerosis  
Old coronary occlusion  
Chronic myocardial infarction  
Acute pulmonary edema  
 Other contributory causes of importance:  
Chronic emphysema (right)  
Non tuberculous

Date of onset

946

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....

If so, specify Willor H. Hinkle, M. D.(Signed) Willor H. Hinkle(Address) Gen Hosp; K. P. Mo.

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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.....

Licensed Embalmer No.....

P. O: Address.....

**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, above space should be left blank.**