

REC'D MAY 10 1939

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

14032

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399
(b) Township Law Primary Registration District No. 1007
(c) City Kansas City 1 (d) Street No. St. Joseph Hospital Registered No. 1786
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 5120 Sunset Drive 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 Billie Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/31/1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Refining 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) Kentucky

FATHER 13. NAME James T. Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Lovena Risk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Billie Marshall

(ADDRESS) 5120 Sunset Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4/29 1939

19. FUNERAL DIRECTOR (NAME) Stone McClure

(ADDRESS) Kansas City Mo

20. FILED Apr 28 1939 M. H. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27 1939

22. HEREBY CERTIFY, That I attended deceased from March 30 1939 to April 27 1939

I last saw him alive on April 27 1939 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma (Recto sigmoid Junction) 46 Metastases to Liver & Peritoneum

Other contributory causes of importance:

Name of operation Colectomy Date of 4/27/39

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? No

If so, specify

(Signed) James D. Smith M. D.

(Address) 318 Professional Bldg. Kansas City, Mo.

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.