

REC'D JUL 15 1939

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

22313

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Jackson Primary Registration District No. 5554 Registered No. 198
(c) City Independence (d) Street No. R. 2 #4 Selsa Road 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 672 Robert Wayne Marcus St. (If nonresident, give city or town and State)
Selsa Road (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Independence, Missouri

FATHER 13. NAME Merriam E. Marcus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

MOTHER 15. MAIDEN NAME Donna Helena Myler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

17. INFORMANT (ADDRESS) Del Bondis, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE June 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George E. Carson, Independence, Mo.

20. FILED 6-19-39 F. J. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from

W. D. Putman 19..... 19.....
last saw him on 19..... Death is said to have occurred on the date stated above, at 8:45 AM m.

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

Bilateral Cerebral Hemorrhage Date of onset

Other contributory causes of importance: 65

Name of operation Autopsy Date of
What test confirmed diagnosis? Autopsy Where an autopsy?

23. If death was due to external causes (violence, etc.) in also the following: Accident, suicide, or homicide? Yes 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 Quisler

(Signed) Quisler

360 (Address) Adm

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.

WHILE LIVING WITH CERTAINING INFORMATION IS A PERMANENT RECORD

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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.