

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital, K.C. Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40 years
years, months or days

3. (a) PRINT FULL NAME William Henry Marshall

3. (b) If veteran, name war No 3. (c) Social Security No. 487-07-8455

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie C. Marshall 6. (c) Age of husband or wife if 52 years alive

7. Birth date of deceased June 13th,
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer,

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Thomas Marshall
 { 13. Birthplace Penna
 { 14. Maiden name Elizabeth Huffman,
 { 15. Birthplace Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillie C. Marshall
 (b) Address 305 So. Mersington, K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1938
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster, K.C. Mo.
 (b) Address _____

19. (a) Dec. 21, 1938 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Jackson
 (c) City or town 305 So. Mersington, K.C. Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th, 1939
 year 1939 hour _____ minute 4: A. M.

21. I hereby certify that I attended the deceased from five years
 _____, 19____, to _____, 19____;
 that I last saw him alive on 12-19, 1938
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion,
anterior

Due to Hypertensive Heart
Disease with Coronary Sclerosis

Due to _____
 Other conditions 95%
(include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
anterior coronary occlusion, Coronary Sclerosis, Left Ventricular failure.

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) While at work? _____
(Specify type of place) (f) Means of injury

23. Signature [Signature] (M. D. or other) _____
 Address 1408 Waldheim Bldg. Date signed 12-20
 39

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.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. #7870

P. O. Address Kansas City mo

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.