

FILED OCT 11 1940

No. 2
1-10-39
-17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30987

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3550

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2424 Cherry
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO (Specify whether
 In this community 60 years
 years, months or days)

3. (a) PRINT FULL NAME Nicholas Marsch3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Katherine Marsch 6. (c) Age of husband or wife if alive dec. years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years 84 Months -- Days -- If less than one day hr. min.9. Birthplace W. Va. (City, town, or county) (State or foreign country)10. Usual occupation Retired Contractor11. Industry or business XMOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant Miss Lillian Marsch
(b) Address 2424 Cherry, Kansas City, Mo.17. (a) Burial (b) Date thereof 9-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) Sept. 10, 1940 (Date received local registrar)
M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2424 Cherry Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 10th,
year 1940, hour 12:15 minute A. M.21. I hereby certify that I attended the deceased from 9-6-40
19 , to 9-10-40, 19 ;
that I last saw him alive on 9-9-40 6PM., 19 ;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 9-6-40Due to Arteriosclerosis & Hypertension several yearsDue to —Other conditions —
(Include pregnancy within 3 months of death)Major findings: — PHYSICIAN — 820
Of operations —Of autopsy None
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?

While at work? — (Specify type of place) (Specify type of place) Means of injury —23. Signature Hans Bleiborn (M. D. or other) M.D.
Address 924 Puffly K.C. Mo. Date signed 9-10-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Frank Leitz,

Chgo. 4 P. M.

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.....

J. B. Waters

Licensed Embalmer No. *3992*

P. O. Address *R C 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.