

S. No. 2
4-13-40
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41482

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4875

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Appleman Home --- 2850 Troost
(d) Length of stay: In hospital or institution 1 Yrs.
In this community 51 Yrs.

3. (a) PRINT FULL NAME Louis Marks
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucille
6. (c) Age of husband or wife if alive Not Known years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 84 Months Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business None

12. Name Unknown Marks

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Marks

(b) Address 304 S. 4th, Iowa

17. (a) Burial (b) Date thereof 12-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director J. P. Loyis Funeral Home
(b) Address 3400 Woodland Ave

19. (a) Dec. 23, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. Appleman Home --- 2850 Troost
(e) If foreign born, how long in U. S. A. 51 yrs years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from June 20 to Dec 22, 1940
that I last saw him alive on Dec 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Myocarditis
Sensit

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury
23. Signature M. D. or other
Address 306 E 12 Date signed Dec 23

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

MOTHER FATHER

Dr. J. Brown

H: 8275

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.....

P. L. Lewis

Licensed Embalmer No. *3110*

P. O. Address *7400 Woodland, R.C.*

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, fact should be so stated above.