

0. 2
13-40
7-39
X23159

Registration District No. 1941399

Primary Registration District No. 1002

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

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:
4523 Fairmount
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether
 In this community life
years, months or days)

3. (a) PRINT FULL NAME Mrs. Matilda C. Marshall
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Chas. E. Marshall 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased April 14, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Polk County, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Burd Williams
 13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
 14. Maiden name No Record
 15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant George Marshall
 (b) Address 4523 Fairmount

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Thos. E. Quirk
4316 Troost Ave
 (b) Address 2/15/41

19. (a) 2/15/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 4523 Fairmount
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 41 hour 3 minute 35 M.

21. I hereby certify that I attended the deceased from Jan. 1, 1941 to Feb. 13, 1941 that I last saw her alive on Feb. 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 1 day
 Due to Arteriosclerosis 10 years
 Due to Senility 70+
 Other conditions mitral Regurgitation 45 yrs?
(Include pregnancy within 3 months of death)
 Major findings: Trig A 2 P
 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? _____

23. Signature Eugene H. Ferguson (Specify type of place) (M. D. or other) 0
 Address 933 West Bldg Date signed 2-15-41

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.....
Thomas E. Jewett

Licensed Embalmer No.
3775

P. O. Address.....
T. E. Jewett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.