S. No. 2
M—1-4-41
7. 5-17-39
I X26390

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

FILED JUN 2 C 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17305

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. ~~1967~~

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: General Hospital #2 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-28-41-5-15-41 (Specify whether
In this community 20 years years, months or days)

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. 556 Forest Ave. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Marshall
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 17 (Day) 1888 (Year)

8. AGE: Years 53 Months 1 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director Adkins Bros
(b) Address 2000 E. 12th
19. (a) May 19, 1941 (Date received by local registrar) (b) M. N. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 41 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-28- 19 41 to 5-15- 19 41 that I last saw her alive on 5-15- 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension 8 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 9 N

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. O. Reimer (M. D. or other)
Address Gen. Hosp. #2 Date signed 5-17-41

(Licensed Embalmer's Statement on Reverse Side)

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 Edwd. H. Evans

Licensed Embalmer No. 3836

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, fact should be so stated above.