

Registration District No. 397

Primary Registration District No. 1002

Registrar's No.

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:  
5717 Wornall Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community 2 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 1  
(c) City or town Unionville  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) If foreign born, how long in U. S. A? X years.

3. (a) PRINT FULL NAME Finis Everett Marshall

8. (b) If veteran, name war no. 3. (c) Social Security No. no.

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

6. (b) Name of husband or wife Fannie Noggle 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July 15 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 10 17 hr. min.

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

10. Usual occupation Retired Banker

11. Industry or business X

MOTHER FATHER { 12. Name Hugh Dennis Marshall  
18. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Brasfield  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Owen  
(b) Address Villa Serena Apts., K.C., Mo.  
17. (a) Removal (b) Date thereof 6-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 6/4/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd,  
year 1941 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from June 2, 1941 to June 2, 1941,  
that I last saw him alive on June 2, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to atm  
Due to 94 W  
Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address 1210 [Address] Date signed 6/3/41

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

Dr. Carl B. Schutz

**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.....

Licensed Embalmer No.....

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, above space should be left blank.