

Registration District No. _____

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 days**
In this community **3 days** **0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan**
(c) City or town **Elwood**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14th.**
year **1941** hour **12** minute **15** A.M.

21. I hereby certify that I attended the deceased from **8/11/41** to **8/14/41**
that I last saw him alive on **8/13/41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Pyonephrosis, Bilateral**
Due to: **Hypertrophic Prostate**
Due to: _____

Duration

Other conditions: **330**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: **alone**

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 _____
23. Signature **Phyllis Freeman** (M. D. or other) **MD**
Address **P.O. Box 14, Elwood, Mo** Date signed **8/15/41**

3. (a) PRINT FULL NAME **FRANK PHILLIP MARSH**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 0 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Maude Marsh** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Aug 3rd 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **11** If less than one day hr. _____ min. _____

9. Birthplace **Buchanan County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Elmore Marsh**

13. Birthplace **unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Nicy Williams**

15. Birthplace **unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Marsh**

(b) Address **Elwood, Kansas**

17. (a) **Removal** (b) Date thereof **8-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wathena Kansas**

18. (a) Signature of funeral director **FLEEMAN & SON INC.**

(b) Address **St. Joseph Mo.**

19. (a) **Aug 15 - 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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

AUG 29 1941

SEP 12 1941

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, *me*

Registered Apprentice No.

working under my personal supervision.

Signed

Geo E. Daniel

Licensed Embalmer No. *3300*

P. O. Address

St Joseph Md

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.