

No. 2
4-13-40
5-17-39
I X231

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

48
83

Registration District No. 399
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Research 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)

3. (a) PRINT FULL NAME Gladys Arnold Marchefski
3. (b) If veteran, name war No
3. (c) Social Security No. 486-09-3286

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William J. Marchefski
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January 9 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 11 1 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Formerly with Constable Hard Printing Co.

12. Name Shirley J. Arnold

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dean

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William J. Marchefski
(b) Address Leavenworth, Kansas.

17. (a) Removed (b) Date thereof 10-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Mo

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) Dec 10-1941 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Leavenworth
(c) City or town Leavenworth
(If outside city or town limits, write "RURAL")
(d) Street No. Leavenworth Kansas.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 1/2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th.
year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 7, 1941
to Dec. 10, 1941
that I last saw her alive on Dec. 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Removal from Capcinoma of Rectum and Pelvis Peritonitis
Due to Excision of Capcinoma of Rectum
Due to Retrosplacental fibroid protruding on rectum.
Other conditions 46 1/2
(Include pregnancy within 3 months of death)

Duration
15 min.
5 days

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Pelvic Peritonitis, elevated Coel. Rectum & prostration. Fibroid

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 J. S. Montgomery M.D. (M. D. or other)
Address Kansas City, Mo. Date signed Dec. 10, 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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Theron D. Redman*

Licensed Embalmer No. *2737*

P. O. Address *R. D. 220*

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.