No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5491

State File No. .....

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 850

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:
2641 Forest Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Mo.
years, months or days)

USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2641 Forest Avenue 8
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (c) PRINT FULL NAME Mr. George R. Marr

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 1
6. (b) Name of husband or wife Mattie
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June (Month) 13 (Day) 1860 (Year)

8. AGE: Years 81 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Warrensburg (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired

FATHER
12. Name David Marr
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Mattie Marr
(b) Address 3715 Baltimore
17. (a) Burial (Burial, cremation, or removal) (b) Date of ..... (Month) (Day) 2-2-42 (Year)
(c) Place: burial or cremation Highland Park Kans
18. (a) Signature of funeral director S. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 3/2/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1942 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1942, 19..., to Feb 28, 1942; that I last saw him alive on Feb 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	10 yrs.
Due to: 93D	
Due to: Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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? No (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 M B Casebolt (M. D. or other)
Address 715 Argyle Bldg Date signed 2-28-42

561

(Licensed Embalmer's Statement on Reverse Side)

Marr

113 Argyle Bldg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo.

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.