

U. S. No. 2  
FORM—9-4-41  
rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23536**  
Registrar's No. **2818**

Filed **AUG 1 1942**

Registration District No. **399**

Primary Registration District No. **1002**

48  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 No. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-18-42-7-21-42**  
(Specify whether years, months or days)

In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1525 Lydia**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **MARIAN NEWTON**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 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 **12** years (Day) (Year)

7. Birth date of deceased **May 12 1939**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>3</b>	<b>2</b>	<b>9</b>	hr. min.

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

10. Usual occupation **infant**

11. Industry or business

12. Name **Otho Walker**

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

14. Maiden name **Florence Green**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **burial** (b) Date thereof **7/25/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Hutkins Bros**

(b) Address **1729 Lydia**

19. (a) **7-25-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**  
year **1942** hour **10** minute **25** p. M.

21. I hereby certify that I attended the deceased from **July 18 1942** to **July 21 1942**  
that I last saw her alive on **July 21 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism** Duration

Due to **Thrombosis of left common iliac vein**

Due to **1110**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy **Same as above**

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) (Means of injury)

23. Signature **J. C. Dwyer** (D. or other)  
Address **Cherry St #2-6026** Date signed **7-23-42**

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(Licensed Embalmer's Statement on Reverse Side)

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**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

*Isaac Jerome Melrose*

Licensed Embalmer No.

*3994*

P. O. Address

*2525 Highland*

**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.**