

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:  
919 Armour Blvd. (Wrenmoor) Apartments  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 11 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. 919 Armour Blvd. (Wrenmoor) Apartments  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country --

3. (a) PRINT FULL NAME Mrs. Margaret Rebecca Marsh  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female / 5. Color, or race white  
 6. (a) Single, widowed, married, divorced, widowed 2  
 6. (b) Name of husband or wife Mr. James P. Marsh  
 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased February 22 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>7</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER

12. Name James Sterling  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eva Jane Marsh  
 (b) Address 919 East Armour Blvd. - Wrenmoor App

17. (a) Burial (b) Date thereof Sept. 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial of Rose Hill Cemetery Brookfield, Missouri

18. (a) Signature of funeral director S. F. Newcomer  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 8-31-42 (b) M. N. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
 year 1942 hour 11 minute 48 P.M.  
 21. I hereby certify that I attended the deceased from Aug 1 - 42  
 to Aug 29 42  
 that I last saw her alive on Aug 29 42  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
1. Myocarditis 1 yr  
2. Gen Arteriosclerosis 1 yr

Due to 93%  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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 [Address] Date signed 8/31/42

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

*Miss Meritt*

*1612 Professional Bldg.  
11-4*

**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..... *H. C. Newcomer* .....  
Licensed Embalmer No. *4043* .....  
P. O. Address..... *H. C. Newcomer* .....

**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.**