

FILED FEB 10 1943

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 431

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:
4506 Jefferson Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: 50 Years (Specify whether years, months or days)

In this community 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Bertha Marshall

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank A. Marshall

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 9, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10₃</u>	<u>16</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Jacob Meissner

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

14. Maiden name Fredericka Renner

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

16. (a) Informant Mrs. Mamie M. Ocker

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 1-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 1-27-43 (b) M. M. Ocker
(Date received local registrar) (Registrar's signature)

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. 4506 Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1943 hour 2 P.M. minute 10 M.

21. I hereby certify that I attended the deceased from Jan 21
1943, to Jan 25, 1943.

that I last saw her alive on Jan 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 3 hrs

Due to Influenza - Pneumonia 2 days

Due to 330

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Cardiac Insufficiency

Major findings: Of operations No

Of autopsy No

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? No (Specify type of place)

23. Signature Osadore Anderson (M.D. or other) M.D.

Address 723 W 45th St Date signed 1-26-42

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

MOTHER FATHER

The Undertaker

723 W. 45

No. 6477

6-7

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 *Clarence H. Chiles*
Licensed Embalmer No. *3473*
P. O. Address *X e 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.