

FILED APR 8 1943

1551

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
401 East 36th Street, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 In this community 40 years, (Specify whether
 years, months or days)

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. 401 East 36th Street,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME Mrs. Ella Louise Marlin,
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 29th
 year 1943 hour 8:00 minute P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed.
 6. (b) Name of husband or wife James T. Marlin,
 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased June 2 1854
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 10th
1943 to Mar 29 1943
 that I last saw or alive on Mar 29 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 9 27 hr. min.

Immediate cause of death Myocarditis
 Duration 28 hr

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

Due to chronic Nephritis 10 yrs
 Due to 131 I

10. Usual occupation at home,
 11. Industry or business X

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____

MOTHER FATHER
 12. Name Thomas Spencer,
 13. Birthplace New York,
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah M. Flint,
 15. Birthplace New York,
 (City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Mrs. Clara Hamilton,
 (b) Address 1200 E. 9th, Kansas City, Mo.
 17. (a) Burial (b) Date thereof 3-31-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.
 19. (a) 3-31-43 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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 See Report (M. D. or other) _____
 Date signed _____

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

Dr. Lee Haynes, Va 9593

901 Westport Road

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 E. M. Plank

Licensed Embalmer No. 1848

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.