

**FILED MAY 6 1943**  
Registration District No. **1/9**

Primary Registration District No. **1002**

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:  
**3431 Indep. Ave**  
(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) **50 yrs**

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. **3431 Indep. Ave**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Abraham N. Marks**

3. (b) If veteran, name war **No**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **19<sup>th</sup>** year **1943** hour \_\_\_\_\_ minute **9<sup>12</sup>** P.M.

21. I hereby certify that I attended the deceased from **4/16 - 1943** to **4/19 1943**

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jennie Marks**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Not Known**  
(Month) (Day) (Year)

Immediate cause of death **Bronchial pneumonia**

Due to **Arterio Sclerosis of blood vessels**

Due to **7. Liver**

Other conditions (Include pregnancy within 5 months of death) **107**

8. AGE: Years **68** Months **-** Days **-**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Merchant**

11. Industry or business **Dry Goods**

MOTHER FATHER {

12. Name **Mortichi Marks**

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

14. Maiden name **Not Known**

15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Marks**

(b) Address **K. C. Mo.**

17. (a) **Burial** (b) Date thereof **4-22-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cem.**

18. (a) Signature of funeral director **J. P. Lewis Funeral Home**

(b) Address **K. C. Mo.**

19. (a) **4-22-43** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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

Of autopsy **✓**

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. R. Russell** (M. D. or other)

Address **3231 - E. 11 St** Date signed **4/20/43**

Duration **3 days**

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

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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.....



Licensed Embalmer No.....

3110

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.**