

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13702

ED WAT 0542  
Registration District No. 0542 Primary Registration District No. 1001/000  
State File No. Registrar's No. 423

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(c) Name of hospital or institution: State Hospital No. 2  
(d) Length of stay: In hospital or institution 3 mo. 19 da.  
In this community 3 mo. 19 da.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2520 Holmes  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARION E ELLIS  
3. (b) If veteran, name war. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 29 year 1943 hour 1 minute 17 P.M.  
21. I hereby certify that I attended the deceased from Dec 16 1942 to March 29 1943  
that I last saw him alive on March 29 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 3  
6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. Oct 1 1877

Immediate cause of death. Tertian malaria Duration 10 days

8. AGE: Years 65 Months 5 Days 28 If less than one day hr. min.

Due to 28a  
Due to

9. Birthplace Unknown Mississippi

Other conditions. General Paralysis of ?  
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: Of operations. Of autopsy. PHYSICIAN

11. Industry or business

MOTHER FATHER { 12. Name Robert Johnson  
13. Birthplace Unknown Unknown  
14. Maiden name - Lawrence  
15. Birthplace Unknown Unknown

16. (a) Informant Records State Hosp. #2

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof March 31 1943

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director W. K. R. Cienfuegos

(b) Address 602 So. 10th Street  
19. (a) 3/31/43 (b) Rose Herzog

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?  
(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 David Basham M.D.  
Address 2600 #2 Date signed 3-31-43

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

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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.....

P. O. Address.....

**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.**