

FILED JUN 7 1943
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2466

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:
203 N. Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME CONNIE JEAN MARSHALL

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Jan; 18, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 10 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Milan Marshall
13. Birthplace Trimble Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clara Housh
15. Birthplace Preston, Kebr.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Marshall
(b) Address 203 N. Monroe

17. (a) Removal (b) Date thereof May 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridgley Missouri

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
(b) Address Kansas City, Mo.

19. (a) 5/31/1943 (b) M. M. Brown
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 203 N. Monroe 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from May 26
May 26 1943 to May 28 1943;
that I last saw her alive on May 28 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to _____ 107

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature Harland Bellamy (Specify type of place) (a) While at work (b) Means of injury
Address 3439 Main Date signed 5-29-43

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. B. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *N.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.