

S. No. 2
OM-2-43
5-17-69
I X35897

23959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3277

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

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: St. Mary's Hosp. 3 K.C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. (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. 1213 Troost (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARGARET JOANN MARKS

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25 year 1943 hour or assisted birth minute 0 M.

21. I hereby certify that I attended the deceased from March 9, 1943 to 7-25, 1943 that I last saw h.e.t. alive on 7-25, 1943 and that death occurred on the date and hour stated above.

4. Sex Female / race Wht. 5. Color or Wht.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 9 years (Day) (Year)

7. Birth date of deceased March 9, 1943
(Month) (Day) (Year)

Immediate cause of death malnutrition + possible erythroblastosis

Due to malnutrition + possible erythroblastosis

Due to 161c

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 4 Months 15 Days 16 If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business

12. Name Clyde L. Marks Sr.

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

14. Maiden name Anna White

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

16. (a) Informant Clyde L. Marks Sr.

(b) Address 1713 Troost, K.C. Mo.

17. (a) burial (b) Date thereof 7-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Walter J. Brown

(b) Address 2332 Montrose Dr. K.C. Mo.

19. (a) 7-27-43 (b) J. E. 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 0

23. Signature J. A. Nigro (M. D. or other)

Address Argyle, Mo. Date signed 7-26-43

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

MOTHER FATHER

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

48
38
8

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.....

Jack W. Laybourne

Licensed Embalmer No. *1715*

P. O. Address. *H. 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.