

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3192

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:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 4 years
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. 3010 Tracy
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... 1

3. (a) PRINT FULL NAME Mrs. Liberty Marksbury

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

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

6. (b) Name of husband or wife Wesley Marksbury 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased August 10, 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 11 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Elmer Shreves
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Grace Day
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Marksbury
(b) Address 3010 Tracy

17. (a) Burial (b) Date thereof 7/22/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wesley Marksbury
(b) Address 20 West Linwood

19. (a) 7-21-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 6: minute 00A M.

21. I hereby certify that I attended the deceased from 7/11/43
1943 to 7/20/43 1943
that I last saw her alive on 7/20/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 11 day
on
Due to Caesarian section
abruptio placentae 8 mo

Other conditions (Include pregnancy within 3 months of death) 146 lb

Major findings: abruptio placentae Intestinal obstruction 146 lb
Of operations Intestinal obstruction 146 lb
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?

While at work? (Specify type of place) (Specify type of injury)
23. Signature J. P. Brown M. D. Date signed 7/24/43
Address 1163 2nd ave

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

MOTHER FATHER

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 *Charles M Turk*

Licensed Embalmer No. *3774*

P. O. Address. *Kansas City 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.