

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23962

AUG 11 1943

State File No.

3251

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, MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CHILDREN'S MERCY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 min.
 (Specify whether years, months or days) 45 min.

3. (a) PRINT FULL NAME WAYNE MARQUESS3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SIDRNE
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased OCTOBER 3 1929
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>4</u>	<u>22</u>	hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business

12. Name ROLAND MARQUESS13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)14. Maiden name THELMA Blakey15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)16. (a) Informant Roland Marquess(b) Address Brunswick, Mo.17. (a) Burial (b) Date thereof July 27th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brunswick, Mo.18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address 918 Brooklyn ave.19. (a) 7-26-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CHARITON
 (c) City or town BRUNSWICK
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25
year 1943 hour 9:15 minute 9 A.M.21. I hereby certify that I attended the deceased from JULY 25
8:30 A.M. 1943 to JULY 25 9:15 A.M. 1943
that I last saw him alive on JULY 25 9:15 A.M. 1943
and that he died on the date and hour stated above.

Immediate cause of death Coroner
Acute Pulmonary Edema
Diabetes mellitus
 Due to 61

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy See Above

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) (c) Means of injury
 23. Signature J. E. Brown (M. D. or other) 3/26/43
23rd May Date signed 3/26/43

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

Shawn B. Edman

Licensed Embalmer No.....

2237

P. O. Address.....

F.P. 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.