

FILED MAR 18 1944

Registration District No. \_\_\_\_\_

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: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community In the State all his life

3. (a) PRINT FULL NAME Jesse Marshall

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 7 - 19 - 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>7</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Nas not worked lately

12. Name David C. Marshall

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

14. Maiden name Wille Jane Spillman

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

16. (a) Informant Brooks Undertaking Co.

(b) Address Albany, Missouri,

17. (a) Removal (b) Date thereof 3-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-4-44 (b) P. C. Brown  
(Date received local registrar) (Registrar's signature)

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. 4320 Bell  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1944 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from February 21 1944, to March 3 1944,  
that I last saw him alive on March 3 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess - Sprue-Lobar pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

(Specify type of place)

While at work \_\_\_\_\_ Means of injury Died

23. Signature A. E. Usher (M. D. or other) M. D.

Address 123 M. City Date signed \_\_\_\_\_

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 John H. Hurley  
Licensed Embalmer No. 4050  
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.**