

S. No. 2
DM-8-43
y. 5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27524

FILED SEP 14 1944

Registration District No. 12

Primary Registration District No. 5289

Registrar's No. 91

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town R-8 NORTH-KAN CITY MO
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution:
AT HOME of Galanter
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CLAY 24

(c) City or town NORTH-KAN-CITY MO
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 8. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME DAVID M. MARSH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug- day 30th
year 1944 - hour 4 minute a.m.

21. I hereby certify that I attended the deceased from July 5 1944 to August 30 1944
that I last saw him alive on 8-25 1944
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LUKA-MARSH

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

7. Birth date of deceased MAY - 13 - 1878
(Month) (Day) (Year)

Immediate cause of death: Cancer of Prostate

Due to: old man

Due to: _____

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

Major findings: Of operations: 468

Of autopsy: _____

8. AGE:

Years	Months	Days	If less than one day
66	3	17	hr. min.

9. Birthplace New York City N.Y. /
(City, town, or county) (State or foreign country)

10. Usual occupation BISHOP FURNITURE-SOP

11. Industry or business BUSINESS

12. Name TOM-MARSH

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

14. Maiden name M. HARDING
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. LUKA-MARSH

(b) Address R.R. # 8 NO KAN-CITY MO

17. (a) BURIAL (b) Date thereof 9-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Crowley Cemetery

18. (a) Signature of funeral director MORTON MONERAN HOME

(b) Address NO KAN-CITY MISSOURI

19. (a) Aug-31-44 also B. Weatherly
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

While at work? _____

23. Signature P. Hodge (M. D. or other)

Address North Kansas City Date 8-30-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

24
0
0

1021 (Declassified Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-13-47

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 S. Mottone

Licensed Embalmer No. 4349

P. O. Address.....

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.