. S. No. 2
0M—2-43
ev. 5-17-39
P-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40250

Primary Registration District No. 1002

Registrar's No. 5215

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

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)

In this community: 20 Years

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.: 3014 McGee Trfwy.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Grace Marcum

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ralph Marcum

6. (c) Age of husband or wife if alive: [illegible] years

7. Birth date of deceased: 12 (Month) 23 (Day) 1901 (Year)

8. AGE: Years 42 Months 11 Days ~~16~~ 26 If less than one day hr. min.

9. Birthplace: Indian Territory, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Ashby C. Roberts

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

14. Maiden name: Lavina Williams

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

16. (a) Informant: Mr. Ralph Marcum

(b) Address: 3014 McGee Trafficway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address: Kansas City, Missouri

19. (a) 12-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 19 year: 1944 hour: 12 minute: 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 13, 1944 to Dec. 19, 1944 that I last saw her alive on Dec. 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic heart disease	
Due to	
Due to 95-6	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of 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? (Specify type of place)

While at work? Means of injury:

23. Signature: A. E. Upsher (M. D.) Date signed: 12-21-44

Address: Med. Dir. Gen'l Hosp.

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1957

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 J. W. Henrich

Licensed Embalmer No. 35-99

P. O. Address St 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.