

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 111

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

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 4 mos. 17 days
(Specify whether years, months or days)

In this community 12 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARION James Gleason

3. (b) If veteran, name war No

3. (c) Social Security No. UNKNOWN

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced UNKNOWN

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased JULY- 3- 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>4</u>	hr. min.

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

10. Usual occupation RETIRED - MACHINIST

11. Industry or business BOAT REPAIRMAN

12. Name UNKNOWN GLEASON

13. Birthplace 9 UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace 9 UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LORETTA THOMAS

(b) Address 4316 EAST-10TH STREET

17. (a) CREMATION (b) Date thereof JAN-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomer Sons

(b) Address 1401 BRUSH CREEK CRYD.

19. (a) 1-9-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 4310 1/2 E. 9 St.
(If rural, give location)

(e) Citizen of foreign country? UNKNOWN (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1945 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 21, 1944 to Jan. 7, 1945
that I last saw him alive on Jan. 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of hepatic flexure

Due to

Due to 46 2

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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 means of injury) 0

23. Signature D. E. Upsher (M. D. or other) MO.
Address Med. Dir. Gen'l Hosp. Date signed 1-8-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *A. C. Newcomer Jr*

Licensed Embalmer No..... *4043*

P. O. Address..... *A. 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.