

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1945
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2912

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:
Brownhart Apt Hotel, 801 E. Armour /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FRANK COVINGTON MARQUA
FULL NAME
3. (b) If veteran, No name war. 3. (c) Social Security
No. 499-16-0518

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes G. Marqua 6. (c) Age of husband or wife if
alive 67 years
7. Birth date of deceased February 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 22 hr. min.

9. Birthplace Covington Ky /
(City, town, or county) (State or foreign country)
10. Usual occupation V-P Commerce Trust Co
11. Industry or business Banking

MOTHER FATHER

12. Name Matthew Marqua
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary McDonough
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes G. Marqua
(b) Address 801 E. Armour
17. (a) Burial (b) Date thereof 7-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.
19. (a) 7-11-45 (b) Geraldine Helmer
(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 3
(If outside city or town limits, write "RURAL")
(d) Street No. 801 East Armour 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1945 hour 2: minute 25 A. M.
21. I hereby certify that I attended the deceased from
May 10, 1945, to July 11, 1945.
that I last saw him alive on July 11, 1945:
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 46 f
Of operations _____
Of autopsy _____

Duration
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)
(e) Means of injury _____
23. Signature Harold A. Pallath (M. D. or other) 24-B
Address 1132 Prof. Blayk K. Date signed 7/14/45

Harold A. Patton

Prof. Bg. No. 1486

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.....

Cecil R. Mathes

Licensed Embalmer No. 3807

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.