

FILED OCT 4 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 968

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2020 Francis /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL") /
(d) Street No. 2020 Francis /
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Julius Marr

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male / 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida A. Marr
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 13 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	11	26	hr. min.

9. Birthplace Stewartsville, Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation retired salesman

11. Industry or business Hardware Co.

12. Name John Marr

13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Huffman
15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julius Marr
(b) Address 2020 Francis

17. (a) burial (b) Date thereof 9/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Nestor Bettee & Bowman
(b) Address 319 South 10th

19. (a) 9/11/45 (b) H. J. Withbush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1945 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 7/9/45 to 9/9/45;
that I last saw him alive on 9/9/45;
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary /
occlusion
Due to chronic myocarditis 5 yrs.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 440

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 W. J. ...
Address Kansas City, Mo. 9/11/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Wayne M. Swathiker
Kirk Bldg.

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 Gerald J. Wade

Licensed Embalmer No. 4572

P. O. Address St. Joseph M

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.