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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1589

FILED JAN 14 1946

Registration District No. 14 Primary Registration District No. 1002 Registrar's No. 185

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 15 days (Specify whether
In this community 8 YEARS years, months or days)

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.: Dixon Hotel - 12TH & BALTIMORE
(If rural, give location)

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

If yes, name country: - - - - - -

3. (a) PRINT FULL NAME: Harry LEWIN Marshall

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

3. (c) Social Security No. 321-09-0280

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: MRS. unknown MARSHALL

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

7. Birth date of deceased: AUGUST (Month) 15 (Day) 1879 (Year)

8. AGE: Years 66 Months 4 Days 27 If less than one day 6 hr. min.

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

10. Usual occupation: HOTEL CLERK

11. Industry or business: DIXON HOTEL - 12th & BALTIMORE

FATHER
12. Name: JOHN MARSHALL
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: CLARA PETERS
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: MR SAMUEL D. BLYTHE
(b) Address: DIXON HOTEL - 12TH & BALTIMORE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN-14-1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: FOREST HILL CEMETERY

18. (a) Signature of funeral director: O.H. Newcomer Jone
(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) 1-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 27, 1945, to Jan. 11, 1946 and that death occurred on the date and hour stated above.

I last saw him alive on Jan. 11, 1946

Immediate cause of death: Primary Carcinoma of right adrenal with metastases

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 550

Major findings:
Of operations:
Of autopsy: See above

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Clark W. Leeds M.D. (Attending physician or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 1-12-46

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. 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.