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

8674

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9748 9779

FILED APR 10 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 1432

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 13 years

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.: 501 W. 31 St. 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) d
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Marion Isabella Warden
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: widowed
6. (b) Name of husband or wife: Joseph P. Warden
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: January (Month) 17 (Day), 1863 (Year)

8. AGE: Years 83 Months 2 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: Pennsylvania (City, town, or county) / (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x

MOTHER FATHER
12. Name: Andrew Marquis
13. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Pomeroy
15. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Madeline Warden,
(b) Address: 501 W. 31st St., Kansas City, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 3-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation: McCracken, Kansas,
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1946 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 20, 1946 to March 24, 1946 that I last saw her alive on March 24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary emphysema with cardiac hypertrophy (rt. vent.) — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 2
Major findings: Of operations: 95C
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? (e) Means of injury: 0

23. Signature: Wm. W. Hall (M. D. or Coroner)
Address: Med. Dir. Gen'l Hosp. Date signed: 3-25-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Buchanan

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.