

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 15 days
(Specify whether)

In this community 65 yep
years, months or days

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. 1300 Forest 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wilbur Marsden

3. (b) If veteran, name war no

3. (c) Social Security No. 87-10-0163

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Dec-3-1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 23
If less than one day hr. _____ min. _____

9. Birthplace K.C. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Mattress Maker

MOTHER FATHER

11. Industry or business _____

12. Name Richard Marsden

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

14. Maiden name Sarah Green

15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Walter J. Marsden

(b) Address St Louis Mo.

17. (a) Burial (b) Date thereof May 7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Wm. C. P. Foster

(b) Address 918 Broadway

19. (a) 5-7-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from April 22 1946 to May 6 1946
 that I last saw him alive on May 6 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver-Pulmonary edema-terminal.

Due to _____

Due to _____

Other conditions 1246
(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) (e) Means of injury _____

23. Signature Wm. W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 5-6-46

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

15635 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Callano

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..... *Joe B. Yoder*
Licensed Embalmer No..... *4173*
P. O. Address..... *KC 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.