

12-45
5-17-39
X47070

FILED NOV 19 1946

State File No. _____

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 65

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town RURAL WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8026 FLORA AVENUE - KANSAS CITY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Rural Kansas City Washington 1st 30
(If outside city or town limits, write "RURAL")
(d) Street No. 8026 Flora
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. MARY EMMA MARKLEY
(b) If veteran, name war No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 23
year 1946 hour 2 minute _____ P. M.
21. I hereby certify that I attended the deceased from
May 10, 1943, to Oct. 23, 1946
that I last saw her alive on Oct. 22, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE, race WHITE
5. Color or race _____
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. DAVID MARKLEY
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Capillary Pyemia
hemorrhage

7. Birth date of deceased. MAY 8 1865
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
81 5 15 hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace TERRE HAUTE INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
12. Name DAVID MONEYHAN
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY JEANS
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
4813
Underline the cause to which death should be charged statistically.

16. (a) Informant Josephine M. Perl
(b) Address 8026 Flora
17. (a) BURIAL (b) Date thereof OCT-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director O. W. Newcomer, Jr.
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 10/28/46 (b) Dr. Annie B. Hedges
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Josephine M. Perl (M. D. or other) _____
Address 8026 Flora Date signed 10/28/46

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

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 Meller

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.