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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9256

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1042

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: 548 1/2 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 548 1/2 Main 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dickenson Markel
3. (b) If veteran, name war Do not know
3. (c) Social Security No. Do not know
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Do not know 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 8-26-96 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	6	9	hr. min.

9. Birthplace Do not know 9 (City, town, or county) (State or foreign country)
10. Usual occupation Do not know
11. Industry or business
FATHER
12. Name Do not 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Know 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Father McDonnell
(b) Address 534 Main St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary KCK
18. (a) Signature of funeral director Passantino Bros
(b) Address KCMO
19. (a) 3-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1947 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.
Immediate cause of death Deputy Coroner Coronary Sclerosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations
Of autopsy History

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 0
23. Signature A E Usher (M. D. Coroner) MD
Address 2800 Main Date signed 3/6/47

(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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep 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.