

U.S. No. 2
FORM-5-43
Rev. 5-17-39
No. 1 X36671

FILED MAY 5 1947
Registration District No. 177

Primary Registration District No. 1002

State File No.

Registrar's No. 1868

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

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:
5331 Highland Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Years
(Specify whether years, months or days)

In this community 65 Years
(Specify whether 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. 5331 Highland 8
(If rural, give location) No 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Peter Marx

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1947 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from April 2, 1944, to April 24, 1947;
that I last saw him alive on April 17, 1947;
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 2 years 1859
(Month) (Day) (Year)

7. Birth date of deceased Oct. 2 1859
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 6 Hrs.

Due to Chronic Nephritis 5 Yrs.

Due to Generalized Arterio-Sclerosis 20 Yrs.

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>6</u>	<u>22</u>	<u>hr. min.</u>

9. Birthplace St. Phillips Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Speculator

11. Industry or business Stock Yards

MOTHER FATHER

12. Name Peter Marx #

13. Birthplace Germany #
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Somer #
(City, town, or county) (State or foreign country)

15. Birthplace Holland #
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marten Dietrich

(b) Address 3948 Wyandotte

17. (a) Burial (b) Date thereof April 26, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank E. Robin

(b) Address 20 W. Linwood

19. (a) 4-25-47 (b) Thalaine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
1. Of operations 131a

Of autopsy.....

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? 0

While at work (Specify type of place) (d) Means of injury 0

23. Signature John T. Skinner (M. D. or other) M.D.
Address 1402 Argonaut Bldg Date signed 4/24/47

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... *Howard W Farmer*

Licensed Embalmer No... *4134*

P. O. Address... *Tanassee City, 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.