

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17524

FILED MAY 20 1949

2001

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 3-1-47  
(Specify whether years, months or days) Since 3-1-7

3. (a) PRINT FULL NAME Richard Marshall

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 6 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 23 hr. min.

9. Birthplace Sedalia Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Wm. Marshall

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

14. Maiden name Sarah McVey

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

16. (a) Informant J. W. Cook,

(b) Address Chilhowee, Missouri

17. (a) removal (b) Date thereof 4-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-5-47 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 57  
(c) City or town Chilhowee  
(If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1947 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from March 1  
1947 to Apr 30 1947  
that I last saw him alive on Apr 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Glandular  
Sensitivity

Due to Prostatic Hypertrophy, 24 days  
post-operative  
Duration

Other conditions (Include pregnancy within 3 months of death) 1370

Major findings: Large Prostatic Obstruction  
Of operations Benign

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?

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. E. McMillan (M. D. or \_\_\_\_\_)  
Address 1019 Professional Bldg. Kansas City signed 5/2/47

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

MOTHER FATHER

*Dr. R. Lee Hoffman*

Dr. R. Lee Hoffman

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**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 *J. Clair Sheppard*  
..... Licensed Embalmer No. *4179*  
..... 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.