V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27971

Registration District No. 199 — Primary Registration District No. 1002 — Registrar's No. 3535

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: ST. MARYS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community 18 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 4014 EUCLID AVENUE (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. EDNA M. TROCK
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLES E. TROCK
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased DECEMBER (Month) 15 (Day) 1908 (Year)

8. AGE: Years 38 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace BATESVILLE (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name ELLIS H. MARLIN
13. Birthplace (City, town, or county) ARKANSAS (State or foreign country)
MOTHER
14. Maiden name MARTHA SANDERS
15. Birthplace (City, town, or county) ARKANSAS (State or foreign country)
16. (a) Informant CHARLES E. TROCK
(b) Address 4014 EUCLID AVE., K.C., MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation CARTHAGE, MO
18. (a) Signature of funeral director D.W. NEWCOMERS SONS
(b) Address 1401 BRUSH CREEK BLVD., K.C., MO
19. (a) 8-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14 year 1947 hour 10 minute 10 A M.
21. I hereby certify that I attended the deceased from 6/27/47, 19..., to 8/14/47, 19...; that I last saw h. alive on 8/14/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral stenosis	
Due to: Chronic mitral endocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 b	
Of autopsy See above	

PHYSICIAN
Underline the cause of 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 O J Seth (M. D. or other)
Address 1109 Prof Bldg. K.C. Mo Date sig 8/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1109 Orig Bdy

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.