

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31327

FILED OCT 11 1947

State File No. \_\_\_\_\_

4144

Registration District No. 149

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:  
4408 East 54th Terrace /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 10 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 4 Kansas City, Mo. Terr 2  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4408 East 54th Terr 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ISAAC MARLOW

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1947 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from 9-24-47  
19\_\_\_\_ to 9-30-47 19\_\_\_\_  
that I last saw him alive on 9-28- 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

7. (b) Name of husband or wife X unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 5 1861  
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

<u>86</u>	<u>2</u>	<u>25</u>	hr. _____ min.
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Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Nephritis - - Semblity  
(Include pregnancy within 3 months of death)

MOTHER FATHER

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

10. Usual occupation Retired

11. Industry or business X

12. Name James Marlow

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

14. Maiden name Unknown

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

16. (a) Informant Oscar Hill

(b) Address 4408 E. 54th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Missouri

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Missouri

19. (a) 10-1-47 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

Major findings: Of operations none

Of autopsy none 132

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? \_\_\_\_\_

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

23. Signature Mabel Andersen (M.D. or other) DO  
Address 1115 Grand Ave KCH Date signed 10-1-47

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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..... *Chas E Wilks* .....

Licensed Embalmer No. *2644* .....

P. O. Address..... *Kansas 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.**