S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1218

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KC Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hrs. 38 min (Specify whether

In this community 15 hrs 38 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town KC 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6119 Holmes 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Mary Alice Maruska

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single widowed, married, divorced NB O

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 1 - 1 - 48
(Month) (Day) (Year)

8. AGE: Years — Months — Days — If less than one day 15 hr. 38 min.

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

10. Usual occupation New Born

11. Industry or business New Born

FATHER
12. Name Edwin James Maruska, Jr.
13. Birthplace St. Louis Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Margaret O'Neill
15. Birthplace St. Louis Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant father

(b) Address 6119 Holmes

17. (a) Removal (b) Date thereof 1-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 1-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 1948 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from 1-1-, 1948, to 1-2, 1948;
that I last saw her alive on 1-2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	
Due to Subdural Hematoma	
Due to Bilateral	
Other conditions (Include pregnancy within 3 months of death) 160a	

Major findings:
Of operations

Of autopsy See Above

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? O
(Specify type of place)

While at work (e) Means of injury

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 2800 Main Date signed 1/3/48

(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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J H Pryor

Licensed Embalmer No. 999

P. O. Address KC

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.