S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4967 719

FILED MAR 1 1948

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: (home) 811 East Armour Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether

In this community 59 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. 811 East Armour Blvd. (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Frederick Alfred Marshock

3. (b) If veteran, name war -- no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 11 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
59	59	6	6	hr. min.

9. Birthplace New York, N. Y. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Max Marshock
13. Birthplace (City, town, or county) Russia (State or foreign country) 6

MOTHER
14. Maiden name Betsy (unknown)
15. Birthplace (City, town, or county) Russia (State or foreign country) 6

16. (a) Informant Theresa Marshock

(b) Address 811 East Armour Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 218-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 2-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1948 hour 1:00 minute 9 M.

21. I hereby certify that I attended the deceased from 1944 to 2/17 1948 that I last saw ~~him~~ alive on June 26 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	2/17/48
Due to	
Due to	
Other conditions: Malignant (Include pregnancy within 3 months of death) Hypertension	1945
Major findings: Of operations	
Of autopsy X 94 B	

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 [signature] (M. D. or other)

Address 612 Professional Bldg Date signed 2/17/48

Jefferson City Printing Co. (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.