

No. 2
-1/47
5-17-39

FILED MAR 27 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **1017 Locust**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **xx**
(Specify whether years, months or days)

In this community **43 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **1017 Locust**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Morris Marks**

3. (b) If veteran, name war **xx World War I**

3. (c) Social Security No. **xx**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **xx** 6. (c) Age of husband or wife if alive **xx** years

7. Birth date of deceased **January 13, 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	58	2	21 hr. min.

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

10. Usual occupation **County Assesor**

11. Industry or business **xx**

12. Name **Hyman Marks**

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

14. Maiden name **Fannie Conn**

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

16. (a) Informant **Mr. Hyman Marks**
(b) Address **5400 Tracy**

17. (a) **Burial** (b) Date thereof **3 15 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director **J. P. Louis Funeral Home**
(b) Address **3400 Woodland Ave., K. C., Mo.**

19. (a) **3-16-48** (b) **Merladine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **acute coronary occlusion**

Due to _____

Due to _____

Other conditions (including pregnancy within 3 months of death): **Deputy Coroner**

Major findings: Of operations _____

Of autopsy: **See above**

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)

23. Signature **A. E. Wister** (M. D. or other) **M.D.**
Address **2800 Main** Date **3/16/48**

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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.