

No. 300  
-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8821  
State File No. ....  
Registrar's No. .... 1330

FILED APR 12 1948

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:  
Delora Rest Home 622 Benton 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 days (Specify whether  
In this community 8 years years, months or days)

3. (a) PRINT FULL NAME Carrie C. Marmon  
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, widowed  
6. (b) Name of husband or wife Frank Marmon 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased August 12, 1856  
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 12 If less than one day  
hr. min.

9. Birthplace Stockholm Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Swedland 4  
13. Birthplace Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. N. Garrett

(b) Address 3530 Virginia

17. (a) removal (b) Date thereof 3-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 96 cemetery, Amsterdam, Mo.

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam, Mo.

19. (a) 3-26-48 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

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")  
(d) Street No. 3530 Virginia 8  
(If rural, give location)  
(e) Citizen of foreign country? unknown (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1  
19 48 to March 23, 19 48  
that I last saw h er alive on March 22, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency Duration  
senility

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
926  
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? Mo.

While at work? (Specify type of place) (c) Means of injury 3

23. Signature Carl A. Johnson (M. D. or other)  
Address 1103 Olive St Date signed 3-24-48

---

---

**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.**

WRITE PLAINLY—USE

10. Usual occupation H. W.

11. Industry or business \_\_\_\_\_

12. Name unk Swed land

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

14. Maiden name unk

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

16. (a) Informant Mrs E. W. Garrett

(b) Address 3530 Virginia H. C. Mo.

17. (a) BURIAL (b) Date thereof 3-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation "96" Cemetery

18. (a) Signature of funeral director Archer Mangold

(b) Address Amsterdam Mo.

19. (a) 3-26-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Orla J. Down (M. D. or other) M.D.

Address 1103 E. Main St Date signed 3-29-48

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

(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.....

*L. A. Mangold*

Licensed Embalmer No. *3610*

P. O. Address *Amsterdam N*

**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.**