S. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11593

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 453

1. PLACE OF DEATH:

(a) County Buchanan
(b) City ~~or town~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 11 mos. 23 days (Specify whether)
In this community 6 years 11 months 23 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City ~~or town~~ Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 E. 10th 8
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK MARSTON.

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 7
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 5 (Month) – 30 (Day) – 1868 (Year)

8. AGE: ✓ Years 79 | Months 10 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Marshalltown (City, ~~town or county~~) Iowa (State or ~~foreign country~~) 1
10. Usual occupation Farmer
11. Industry or business Agriculture
FATHER
12. Name Aaron Marston
13. Birthplace Unknown (City, town, or county) Canada (~~State or~~ foreign country) 2
MOTHER
14. Maiden name Julie Collins
15. Birthplace Unknown (City, town, or county) Vermont (State or ~~foreign country~~) 1
16. (a) Informant Miss Margaret Marston
(b) Address Deceased
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 4/20/48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 287

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 1948 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4-1-, 1948, to 4-16-, 1948 that I last saw him alive on 4-16-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 days.
Due to arterio-sclerosis	20 years
Due to	
Other conditions Psychosis (Include pregnancy within 3 months of death)	7 years

Major findings:
Of operations
Of autopsy

107

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

23. Signature Forrest Thomas (M. D. ~~or other~~) 0
Address State Hospital No. 2 Date signed 4-17-48
by Morrowey O.D.

(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 Ernest Freeman

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.