

FILED JUL 3 1948
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: Wheatley Providence Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether years, months or days)

In this community 5 hrs.

3. (a) PRINT FULL NAME Infant Marlow

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased June 19, 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>5</u> hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Preston D. Marlow

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

14. Maiden name Helen Abernathy

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

16. (a) Informant Preston Marlow

(b) Address 2424 Harrison

17. (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stagkij's Road

(b) Address 1729 Lydia Avenue

19. (a) 6-23-48 (b) Almadine Holmes
(Date received local registrar) (Registrar's signature)

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. 2424 Harrison
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 19 - 1948 to June 19 1948
that I last saw him alive on June 19 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Septicemia

Due to None

Other conditions (Include pregnancy within 3 months of death) None

22. Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(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 None

23. Signature W. J. Schaefer (M.D. or other) 1830 Denver Date 6/21/48

Duration

PHYSICIAN

Underline the cause to 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.