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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26249

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3261

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: Trinity Lutheran 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 hrs 45 min. (Specify whether
In this community 22 years
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. 2208 East 35th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Marion E. DEWEY

3. (b) If veteran, name war no

3. (c) Social Security No. 487-09-9641

4. Sex male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August (Month) 8, (Day) 1882 (Year)

8. AGE: Years 66 Months 0 Days 2 If less than one day hr. min.

9. Birthplace ---- (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Dewey
13. Birthplace --- (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Jane Reed
15. Birthplace --- (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Cora Dewey
(b) Address 2208 E. 35th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 8-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1948 hour 12 20 minute a M.

21. I hereby certify that I attended the deceased from Aug 4, 1948 to Aug 10, 1948
that I last saw him alive on Aug 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Acute Cardiac Dilation (2) Massive Pulmonary infarct - Left

Due to See personal History

Due to

Other conditions 111a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration: 19 days from onset

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 See Personal History?
(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 O. P. McPherson (M. D. or other)
Address Professional Bldg Date signed 8-10-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1948

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.