

No. 2
1-5-43
5-17-39
I X36671

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **3332**

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

1. PLACE OF DEATH:

(a) County Dickinson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs 36 min
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 734 So. 5th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Anna Marie Marquez

3. (b) If veteran, name war
3. (c) Social Security No. 1

4. Sex M 5. Color or race white
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: Aug 14 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 14 hr. 36 min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name of Jose Marquez

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

14. Maiden name Levin

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

16. (a) Informant Geo. Reising

(b) Address 7 E. Kans.

17. (a) Burial (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLain's R.C.M.

18. (a) Signature of funeral director G. Reising

(b) Address 7 E. Kans.

19. (a) 8-16-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1948 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug 14 1948 to Aug 14 1948
that I last saw her alive on Aug 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital weakness
Due to Parents ill health
Due to Premature birth (7 mo.)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 159
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 Fickler's time (M. D. or other) M.D.
Address 4050 Broadway Date signed Aug 16 1948

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.....

Body not embalmed....., Registered Apprentice No. *4468*
working under my personal supervision.

Signed *George A. Reising*.....

Licensed Embalmer No.

P. O. Address *Kansas City, Missouri*.....

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.