S. No. 300
M—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26473

FILED AUG 26 1948

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 3080

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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 504 W. 75th Street 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alexander J. MARQUIS

3. (b) If veteran, name war WW-I

3. (c) Social Security No. 500-03-3535

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Ethel M. Marquis

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July (Month) 30, (Day) 1893 (Year)

8. AGE: Years 54 | Months 11 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Leavenworth, (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Order Clerk

11. Industry or business Kroger Grocery Company

FATHER
12. Name Theodore Marquis 0
13. Birthplace Unknown (City, town, or county) Europe (State or foreign country) 0

MOTHER
14. Maiden name Josephine Derzenski 1
15. Birthplace Unknown (City, town, or county) Europe (State or foreign country) X

16. (a) Informant Mrs. Ethel M. Marquis
(b) Address 504 W. 75th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) 7-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from July 22, 1948, to July 26, 1948, that I last saw him alive on July 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death 1. Myocarditis, toxic with heart failure, sec. to #2. — Duration 4 days.

Due to 2. Pneumonia, lobar, left lobe, duration about 12 days. — 12 days?

Due to

Other conditions
(Include pregnancy within 3 months of death)

108

Major findings:
Of operations none

Of autopsy none

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 E. Pearson M.D. (M. D. or other) M.D.
Address 1025 Rialto Bldg K.C. Mo. Date signed 7/28/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul E. Pearson
Realty Bldg. 10th Pl.
Vi. 4751

noon

SEP 21 '61

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. 2998 /CC

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.