

FILED NOV 4 1948 49
Registration District No. _____

Primary Registration District No. **1002**

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: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9/20-9-30-48**
(Specify whether)

In this community **AS ABOVE**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **54**

(c) City or town **LEXINGTON, MO** (If outside city or town limits, write "RURAL") **3**

(d) Street No. _____ (If rural, give location) **2**

(e) Citizen of foreign country? **No** (Yes or No) **1**

If yes, name country _____

3. (a) PRINT FULL NAME **MRS Malinda L Marks MARCHE**

3. (b) If veteran, name war no. _____

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **30**
year **1948** hour **1** minute **55 A.M.**

4. Sex **female**

5. Color or race **white**

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

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased: **2** (Month) **26** (Day) **1898** (Year)

21. I hereby certify that I attended the deceased from **Sept 16** to **Sept 30**, 19**48**
that I last saw her alive on **Sept 29**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE: Years **50** Months **7** Days **4**
If less than one day hr. _____ min. _____

Immediate cause of death: **Myelogenous leukemia**
(Diagnosis made in 1946)

Due to _____

Due to _____

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

10. Usual occupation **AT HOME**

Other conditions **None except those related to the leukemia**
(Include pregnancy within 8 months of death)

11. Industry or business _____

12. Name **Martin H. Uphauer**

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

14. Maiden name **unknown**

15. Birthplace _____ (City, town, or county) **Missouri** (State or foreign country)

Major findings: **None**

Of operations _____

Of autopsy **same as above**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Laurence W. Marche**

(b) Address **LEXINGTON, MO**

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof **9-30-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Missouri**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-30-48** (Date received local registrar) (b) **Staldine Holmes** (Registrar's signature)

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 _____

Signature **Frank Ferris** (Physician)
Address **454 Argyle Bldg Lexington, MO**

Dr. Carl Ferris,
Vi 8227, Argyle Bldg.

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 *Richard W. Reed*

Licensed Embalmer No. 3745

P. O. Address *K. E. Ho*

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.