FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40250

Registrar's No. 4980

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

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

In this community: about 30 years

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.: Milner Hotel: 9th & Central
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Frank D. Marshall

3. (b) If veteran, name war: W. W. I

3. (c) Social Security No.: 497-14-9104

4. Sex: Male

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: Oct. (Month) 11 (Day) 1887 (Year)

8. AGE: Years 61 Months 0 Days 19 If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: K. C. General Hosp. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Calvary:K.C.Kan.

18. (a) Signature of funeral director: Weilert Funeral Home

(b) Address: 2332 Monitor Place:K.C. Mo.

19. (a) 12-6-48 (Date received by local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 30 year: 1948 hour: 2 minute: 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1948, to Nov. 30, 1948; that I last saw him alive on Nov. 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
streptococcus Meningitis-Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations:

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: U

23. Signature: Wm. W. Hart (M.D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 11-30-48

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.