SIRTH MO. REC. DIST. NO. 199 PRIMARY REG. DIST. NO. 1022 Registrary's No. 1022 Registrar	FILED APF	6 1949		DIVISION, OF HE			State I	File No		22
LACE OF DEATH       Lace	BIRTH NO					MARKEL .	•			970
b. CITY of conside corporate liable, write BURAL and give township)  TOWN KARSAS CITY  1. STREET  G. FULL MAME OF of or so is because or instance or instance or location in MSTITUTION  General Hospital No. 1  1. ASAM OF A (First)  S. SEX  1. COLOR OR RACE  1. MARRIED, NEVER N	1. PLACE OF DE	_	-		2. USUAL, RES	IDENCE (	Where deceased live	d. If in	titution: r	
3. NAME OF DECEASED I. (Pirst) D. (Middle) C. (Last) Marks DECEASED I. (Pirst) JOSEPh	or Town Kan									
S. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, SIDE   8. DATE OF BIRTH   9. AGE (in-vent) of book with a standard of the standard of	d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET (H mm.l. gire location) ADDRESS 911 Forest					Ü			
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WINDOWED, 190. MOUNTED (Special Section of Foreign sensitive)   100. USUAL OCCUPATION (Circuits and over the date of the state of th			<del></del>	b. (Middle)			l OF `	Month)	(Day)	
18. USUAL OCCUPATION (Circuitod work does during most overhise tile, wrent if vertice)  MATCH 131. FATHER'S NAME Phillip Marks  Stta -	5. SEX 6.	7. MARRIE WIDOWE	D. NEVER MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)			F DROER M HRS.	
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. WAS DECLASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   19. CAUSE OF DEATH   10. CAUSE OF DEATH   10. CAUSE OF DEATH   10. DIRECTLY LEADING TO DEATH*(a)   Cerebrovascular accident   INTERVAL BETWEEN ONSET AND DEATH   10. DIRECTLY LEADING TO DEATH*(a)   Cerebrovascular accident   ONSET AND DEATH   10. DIRECTLY LEADING TO DEATH*(a)   Cerebrovascular accident   ONSET AND DEATH   10. DIRECTLY LEADING TO DEATH*(a)   Cerebrovascular accident   ONSET AND DEATH   10. DIRECTLY LEADING TO DEATH*(a)   Cerebrovascular accident   ONSET AND DEATH   ONSET AND DE	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF BUSINESS OR IN- DUSTRY	1				COUNT	TRY?	
IS. WAS DECASED EVER IN U. S. ARMED FORCES? IG. SOCIAL SECURITY ON THE CASE OF CANADA CONTROL OF THE CASE OF DEATH LENGTH OF CASE OF DEATH LENGTH OF CASE OF CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ONSET AND DEATH LENGTH OF CASE OF CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ONSET AND DEATH CONSET	13a. FATHER'S NAME			b. MOTHER'S MAIDEN				OR WIF		
IB. CAUSE OF DEATH Enter only one occursor illustron of the control of the contro	15. WAS DECEASED EVE (Yes, no, or unknown) (I	R IN U.S. ARMED	of service)	6. SOCIAL SECURITY						DDRESS
The mode of dying, such as heart fallure, asthemia, the mode of dying, such as heart fallure, asthemia, the mode of dying, such as heart fallure, asthemia, the mode of dying, such as heart fallure, asthemia, the mode of dying, such as heart fallure, asthemia, the mode of dying, such as heart fallure, asthemia, the underlying cause last.    DUE TO (c)	18. CAUSE OF DEATH  Butter only one osum per 1. DISEASE OR CONDITION  Core brown scullar accident.							AL BETWEEN AND DEATH		
Ease, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED OF INJURY  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Hereby certify that I attended the deceased from Feb. 27, 19 19, to March 1, 19 19, that I last saw the decease alive on March 1, 19 19, and that death occurred at 1:15A+m., from the causes and on the date stated above.  22a. SIGNATURE Vm. W. Hart  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED 3-1-49  Sheffield  25. Funeral Director's SIGNATURE Kansas City, Mo.  DATE RECO BY LOCAL REGISTRARS SIGNATURE  ADDRESS  The P. LOLLIS RYLINGRAL HOME ADDRESS	the mode of dying, such Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating						-	***		
19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgetc.)  21d. Month SUICIDE HOMICIDE  21d. Month (Day) (Year) (How)  21e. INJURY OCCURRED WHILE AT WORK AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. How DID INJURY OCCUR	ease, injury, or complica-	II. OTHER SIGNI	DUE TO (c) DITIONS eath but not		<u>·</u> 33	54X		-	<del></del>	
21a. ACCIDENT SUICIDE  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. Town (Month) (Day) (Year) (Hour) (Hour							<del></del>		1.	K70
WHILE AT NOT WHILE  22. I hereby certify that I attended the deceased from Feb. 27, 19 19, to March 1, 19 19, that I last saw the decease alive on March 1, 19 19, and that death occurred at 1:15A.m., from the causes and on the date stated above.  23a. SIGNATURE Vm. W. Hart (Degree or title) 23b. ADDRESS  24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  To Po LOUIS FUNDERAL Home Ke Co. Mo.	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE Of home, farm, fac	FINJURY (e.g., in or about tory, street, office bldg., etc.)	21c. (CITY, TOWN,	OR TOWNSHI	P) (CO	UNTY)	(	STATE)
alive on March 1, 19 49, and that death occurred at 1:115A.m., from the causes and on the date stated above.  23a. SIGNATURE VM. W. Hart (Degree or title) 23b. ADDRESS  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  24d. LOCATION (City, town, or county) (State)  25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  To Policy is Right and Registrar's SIGNATURE ADDRESS  To Policy is Right and Registrary ADDRESS  To Policy is Right and Registrary ADDRESS		(Day) (Year)	WH	LEAT   NOT WHILE	21f. HOW DID INJU	RY OCCURT				
24s. BURIAL, CREMA- TION, REMOVAL (Specific) Durial  Alb. Date  24c. NAME OF CEMETERY OR CREMATORY Durial  About 12 Sheffield  About 25 Funeral Director's Signature  25 Funeral Director's Signature  About 25 Funeral Director's Signature  About 25 Funeral Home K. C. Money	22. I hereby certify alive on _Mai	that I attended to	he deceased	it death occurred at .	1:45A.m., from	larch 1	, 19 <u>_19</u> , the and on the de	at I lai	st saw tl ed above.	re deceased
24a. BURIAL. CREMA- TION, REMOVAL (Speedtr) DUT 1a1  DATE REC D BY LOCAL REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY Sheffield  Sheffield  Sheffield  S. Funeral Director's Signature  T. P. Louis Runaral Home K. C. Mo.	23s. SIGNATURE	Vm. W. Har	/	4 <u>~</u> 4 /\		Gen'l	Hosp.			= -
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS To Policia Runaral Home Ko Co Mon			2	4c. NAME OF CEMETER		:	Kansas Ci	ty, l	io.	(State)
	DATE REC'D BY LOCAL	REGISTRAR'S	GIGNATURE	Holmes	25. FUNERAL DIR J. P. LO	ECTOR'S S	IGNATURE	Ai	DDRESS	0.

an and a serial serial

i hereby certify that the body whose name is recorded on the reverse side of this	certificate was embaimed by me, or by
	Student Embalmer No
working under my personal supervision.	•

Licensed Embalmer No.....

P. O. Address

STATEMENT BY LICENSED EMBALMER

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.)

Student Embalmer

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