

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8767

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PRAIRIE TWP 5		c. LENGTH OF STAY (in this place) 29 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON CO HOME FOR AGED WHITE				d. STREET ADDRESS (If rural, give location) 703-E-12-TH ST 1			
3. NAME OF DECEASED (Type or Print) RAYMOND		a. (First)		b. (Middle) MARKSBURY		c. (Last)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D		8. DATE OF BIRTH 2-21-1888	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 11		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FREEMONT NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sam Marksburg		13b. MOTHER'S MAIDEN NAME no Record		14. NAME OF HUSBAND OR WIFE Hannah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Wesley Marksburg 1312 E 29th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Corticoreginitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 401		INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 1-1, 1949, to 3/3, 1949, that I last saw the deceased alive on 3/3, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. Eugene M. S.		(Degree or title)		23b. ADDRESS Indianapolis, Mo		23c. DATE SIGNED 3/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) Kansas City (State)	
DATE REC'D BY LOCAL REG. 3-5-49		REGISTRAR'S SIGNATURE Donald C. Eamshaw		25. FUNERAL DIRECTOR'S SIGNATURE + ADDRESS J. H. & L. Co 2010 Linwood			

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Howard W. Lerner

Signed _____
Student Embalmer

Licensed Embalmer No. *4134*

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

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.