

FILED APR 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 12562
1655

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>526 Wallace</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>526 Wallace</u>		d. STREET ADDRESS (If rural, give location) <u>526 Wallace</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest</u> b. (Middle) <u>D.</u> c. (Last) <u>Marksbury</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 13 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 12 1874</u>	
9. AGE (In years last birthday) <u>76 74</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 11 WKS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>		11. BIRTHPLACE (State or foreign country) <u>Winston Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Thomas Maeksbury</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kimberling</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Rose Marksbury</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose Marksbury 526 Wallace K.C. Mo.</u>
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mediastinal Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertrophied Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pericardial Effusion & Hydrothorax</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>164X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>12/2</u> , 19 <u>48</u> , to <u>4/13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-22-48</u> , 19 <u>48</u> , and that death occurred at <u>12/45A.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. Salvin W. Tonkens</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>318 Blue Ridge</u>		23c. DATE SIGNED <u>4/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>				
DATE REC'D BY LOCAL REG. <u>4-14-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn K.C. Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1943

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

Gerald A. Burger

Student Embalmer No. *313*

working under my personal supervision.

Student
Student Embalmer

Signed *Joe B. Yoder*
Licensed Embalmer No. *4173*

P. O. Address *K.C. 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.