

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37402

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4701
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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp. 6		d. STREET ADDRESS (If rural, give location) 5419 Harrison		
3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Marshock c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1949		
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 9, 1891	9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Budapest Hungary	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Morris Rapschutz		13b. MOTHER'S MAIDEN NAME Ester Hutterer	14. NAME OF HUSBAND OR WIFE Fredrick Marshock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Tabalsky 5419 Harrison	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral embolism + Cerephalomalacia</i> (b) <i>Rheumatic Endocarditis Mitral Stenosis</i> DUE TO (b) (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410		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)		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>Russell W. Russell</i> attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Russell W. <i>Russell W. Russell</i>		23b. ADDRESS <i>St. Joseph Hospital</i>		23c. DATE SIGNED 4 Nov 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 11-5-49		REGISTRAR'S SIGNATURE <i>Deraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.P. Louis Funeral Home 3400 Woodland

(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, or by _____

Student Embalmer No. 358

working under my personal supervision.

Student Leo P. McQuirk
Student Embalmer

Signed Harry Buffington
Licensed Embalmer No. 2726

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.