

FILED JUN 21 1950

STANDARD CERTIFICATE OF DEATH

20625

State File No. ....

BIRTH NO. .... REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 107

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp  
c. LENGTH OF STAY (In this place) 3y. 4M. 13D  
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3028  
d. STREET ADDRESS (If rural, give location) 523 Grand Ave

3. NAME OF DECEASED  
a. (First) JOSEPH b. (Middle) E. c. (Last) MARKS

4. DATE OF DEATH (Month) (Day) (Year) 5-31-1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED S 11

8. DATE OF BIRTH 9-6-1885

9. AGE (In years last birthday) 64

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Beloit, Wis

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. 390-16-8816

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jackson Co. Home, Rt #4, Indev. Mo.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Arteriosclerosis  
ANTECEDENT CAUSES  
DUE TO (b) Arteriosclerosis  
DUE TO (c) Senility  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Anorexia - Debility

INTERVAL BETWEEN ONSET AND DEATH  
6 hrs  
years  
years  
1 mo

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) 332X

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 March 2, 1950, to May 31, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at ... m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Anderson (Degree or title)

23b. ADDRESS West Bank Bldg Independence Mo

23c. DATE SIGNED 6/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 5 1950

24c. NAME OF CEMETERY OR CREMATORY Lee's Summit

24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.

DATE REC'D BY LOCAL REG. 6/5/50

REGISTRAR'S SIGNATURE Donald C. Eamshaw

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee's Summit Mo.

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

480  
5

JUN 17 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*N.B. Langford*

Signed.....

Student Embalmer

Licensed Embalmer No. *5833*

P. O. Address *St. Louis, Missouri*

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.