

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29793

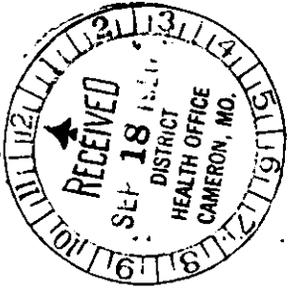
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3291 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>Liberty R 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty R 1</u>			d. STREET ADDRESS (If rural, give location) <u>Liberty R 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Honor</u> c. (Last) <u>Marr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July 19-1864</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR <u>1</u> MONTHS <u>23</u> IF UNDER 12 HRS. <u>0</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Liberty, R 1 Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
13a. FATHER'S NAME <u>William Blackwood</u>		13b. MOTHER'S MAIDEN NAME <u>Pollie Stepp</u>	14. NAME OF HUSBAND OR WIFE <u>B. Frank Marr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Marr Liberty, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of sigmoid peritonitis</u> ANTECEDENT CAUSES <u>Diverticulitis &amp; obstruction</u> 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. <u>5721</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>2 months</u> <u>5 days.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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 _____, 19 <u>40</u> , to <u>Sept 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 11</u> , 19 <u>50</u> , and that death occurred at <u>2:50 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. H. G. Goodson M.D.</u>			23b. ADDRESS <u>Liberty Mo (s-cv)</u>		23c. DATE SIGNED <u>9/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 11</u>	24b. DATE <u>Sept. 14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept-12-1950</u>	REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>64 P. Church-Crem Co. Liberty Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)



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AM

**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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John L. L...*

Licensed Embalmer No. *4448*

P. O. Address *Liberty 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.