

**STANDARD CERTIFICATE OF DEATH**

**21043**

State File No. ....

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 48

S. No. 300  
V. 10.48

6001  
3

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

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>OHIO</u> b. COUNTY <u>Wood</u>   |  |
| b. CITY OR TOWN <u>North Kansas City</u>  |                               | c. CITY OR TOWN <u>Bowling Green</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>5 days</u>   |                               | e. STREET ADDRESS (If rural, give location) <u>Rt. 4, Box 12</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ben Bolt Hotel</u>   |                               | 8348   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>John</u> b. (Middle) <u>Wooten</u> c. (Last) <u>Marion</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1953</u>  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>  | 8. DATE OF BIRTH <u>Sept 28, 1924</u>  |
| 9. AGE (In years last birthday) <u>18</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead MFG. Co.</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Toledo OHIO</u>  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                               | 13. FATHER'S NAME <u>WALTER J. MARION</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Phillis Hecht</u>  |                               | 14. NAME OF HUSBAND OR WIFE <u>None</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |                               | 16. SOCIAL SECURITY NO. <u>292-28-0496</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>WALTER J. MARION</u>   |                               | ADDRESS _____  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>due to strangulation</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>C9266</u> |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |
| 20. ACCIDENT SUICIDE OR HOMICIDE <u>suicide</u>   |                               | 21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Ben Bolt Hotel</u>  |  |
| 21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 5-5:39 PM</u>   |                               | 21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North Kansas City, Clay Mo.</u>  |                               | 21d. HOW DID INJURY OCCUR? _____   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE <u>Dr. O. J. Pate, Coroner</u> (Degree or title) <u>by Maria M. Harmon</u>   |                               | 23b. ADDRESS <u>717 N. E. 7th</u>  |  |
| 23c. DATE SIGNED <u>7/5/53</u>  |                               | 23d. LOCATION (City, town, or county) (State) <u>Bowling Green Ohio</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>  |                               | 24b. DATE <u>7-6-53</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>HANNEMAN F.H.</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>Bowling Green Ohio</u>  |  |
| DATE REC'D BY LOCAL REG. <u>7-6-53</u>  |                               | REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u> 444   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>  |                               | ADDRESS <u>N.K.C. Mo.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

400-1-A-1052

AUG 25 1953

APR 27 1955

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.....  
Signature of Student Embalmer

Signed..... *Glenn H. Hill* .....

Licensed Embalmer No. 4586

P. O. Address *H. C. Co. Md.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Mo.

State File No. 21043

County of Clay

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 48

On this 7 day of Aug., 1953, before me appears A Coroners Jury, who, upon their oath, states that the original record of death

for John Wooton Marion, died ~~2022~~ July 5, 1953, in the State of Missouri, and which was filed at on , 19 , should be corrected as follows:

Item No. 21 a should read Accident

Instead of Suicide

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [Signature] Relationship

North Kansas City, Missouri Present Address.

Subscribed and sworn to before me this day of , 195 .

My Commission expires Notary Public.

1953  
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