

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4964

FILED MAR 15 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 775

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. LENGTH OF STAY (in this place) 40 yrs
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2
e. STREET ADDRESS (If rural, give location) 110 13th + Woodland (9)

3. NAME OF DECEASED
a. (First) James b. (Middle) I c. (Last) Marshall 4. DATE OF DEATH (Month) (Day) (Year) 2 14 1954

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Jan. 22, 1888 9. AGE (In years last birthday) 66
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sylvester Marshall 13b. MOTHER'S MAIDEN NAME Ella Howard 14. NAME OF HUSBAND OR WIFE Flossie Marshall

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS May Todd Chicago, Illinois

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Miliary Tuberculosis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
2. OTHER SIGNIFICANT CONDITIONS Cystic encephalomalacia, left condote nucleus & putamen.
Conditions contributing to the death but not related to the disease or condition causing death.

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 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 10-7-53, 1953, to 2-14-54, 1954, that I last saw the deceased alive on 2-14-54, 1954, and that death occurred at 9:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Frank Ellis MD 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 2-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/19/54 24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REF. 2-19-54 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wheeler Bros. 8th & Benton

(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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bruce F. Watkins*

Licensed Embalmer No..... *45*

P. O. Address *18 44 Be*

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.