

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12159
1667

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

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) 1911	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4123 INDEPENDENCE AVENUE KELLY CONValesCENT HOME		e. STREET ADDRESS (If rural, give location) 1334 PROSPECT AVENUE 3250	

3. NAME OF DECEASED (Type or Print)	a. (First) PETER	b. (Middle) ALBERT	c. (Last) MARK	4. DATE OF DEATH (Month) (Day) (Year) APRIL - 11 - 1954
-------------------------------------	------------------	--------------------	----------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 11 - 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER - PENROD JURDEN - CLARK COMPANY	10b. KIND OF BUSINESS OR INDUSTRY LUMBER - VENEVATORY	11. BIRTHPLACE (City and State or Foreign Country) OLSO, NORWAY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	-------------------------------------

13a. FATHER'S NAME EMIL MARK	13b. MOTHER'S MAIDEN NAME SOPHIA BAREA	14. NAME OF HUSBAND OR WIFE NORA L. MARK	Died - 12 - 7 - 1958
------------------------------	--	--	----------------------

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. 487-10-4818	17. INFORMANT'S SIGNATURE OR NAME MRS. MINNIE SAULTER - 1336 Prospect, K.C.M.O.	ADDRESS
---	-------------------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia		4 days
	ANTECEDENT CAUSES DUE TO (b) Senile Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) —		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4917

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 attended the deceased from 3-27, 1954, to 4/11, 1954, that I last saw the deceased alive on 4/10/54, 1954, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE I.E. Riller	(Degree or title) MD	23b. ADDRESS Kansas City, Mo	23c. DATE SIGNED 4-12-54
----------------------------	----------------------	------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 13 - 1954	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. 4-13-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons - 1331 BRUSH CREEK - KANSAS CITY - MO	ADDRESS
----------------------------------	---------------------------------------	---	---------

(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..... *John B. Lewis*
Licensed Embalmer No. *4879*

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