

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29783**  
**3900**

0.300  
0.48

**FILED SEP 28 1955**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>37 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5635 VIRGINIA AVENUE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		** STREET ADDRESS (If rural, give location) <u>5635 VIRGINIA AVENUE</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>CLARA</u>	b. (Middle) <u>ETTA</u>	c. (Last) <u>MARSH</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>SEPT-2-1955</u>
---	-------------------------	-------------------------	------------------------	--

<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>MAR-17-1864</u>	<b>9. AGE</b> (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hour Min.
-----------------------------	--------------------------------------	--	--	--	--------------------------------	-------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>---</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>JAMESTOWN INDIANA</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
---	---	--	---

<b>13a. FATHER'S NAME</b> <u>JESSE NELSON</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>LAVINA CLEMENTS</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>JOHN R. MARSH</u>
---	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lelia F. Marsh</u>	<b>ADDRESS</b> <u>5635 VIRGINIA AVE. KANSAS CITY, MO.</u>
---	--	---	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. - It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis &amp; Mitral lesion</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 yrs</u>
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia and old age</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	--	-----------------------------------

**22. I hereby certify that I attended the deceased from** Mar, 1949, to Sept. 2, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 3:30 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>James W. Graham</u> (Degree or title) <u>M. D.</u>	<b>23b. ADDRESS</b> <u>518 Argyle Bldg. K.C.Mo</u>	<b>23c. DATE SIGNED</b> <u>9/3/55</u>
---	--	---------------------------------------

<b>24a. BURIAL, CREMATION, OR REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>9-6-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Fruit Hill</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>K.C. MO</u>
---	--------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>9-6-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Reva Marshall</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W.N. Newcomer</u>	<b>ADDRESS</b> <u>1331 BRUSH CREEK KANSAS CITY MO.</u>
---	---	--	--

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 *Jessie T. Rice*.....  
Licensed Embalmer No. *445*.....

P. O. Address *9 Kansas*.....

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.