

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5302**

FILED FEB 27 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chiles</u>		c. LENGTH OF STAY (In this place) <u>2 5/8</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7801 E. 57th 3008</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>VARIOUS</u> c. (Last) <u>March</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-56</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-5-1874</u>			
9. AGE (In years last birthday) <u>82</u>		10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		11. BIRTHPLACE (State or foreign country) <u>WINDSOR MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		13a. FATHER'S NAME <u>JAMES L. MARCH</u>		13b. MOTHER'S MAIDEN NAME <u>UVA KOWN</u>			
13c. NAME OF HUSBAND OR WIFE <u>PEARL L. MARCH</u>		14. SOCIAL SECURITY NO. <u>none</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Jackson County Hospital</u>					
16. 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.				17. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Euphsema</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Nephritis</u>				18. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5271			
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____, to <u>2-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-18</u> , 19 <u>56</u> , and that death occurred at <u>6:40 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Philip Japer M.D.</u>				23b. ADDRESS <u>Lee's Summit, Mo.</u>		23c. DATE SIGNED <u>2-19-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 21, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/20/56</u>		REGISTRAR'S SIGNATURE <u>D. W. Newcomer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u>		ADDRESS <u>KE Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1936

- 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 Edward M. Storey

Licensed Embalmer No. 4415-2

P. O. Address K.E. 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.