REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1045
Do not use this space.

58

1. PLACE OF DEATH

(a) County Jackson — Registration District No.

(b) Township Kaw — Primary Registration District No. — Registered No.

or

(c) City Kansas City — (d) Street No. St Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 616 Marilyn Grace Ferber

(a) Residence, No. 2538 Quincy St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 8 hrs. or 15 min.
0	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City. 0

FATHER

13. NAME Rev. A. E. Ferber 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn. 7

MOTHER

15. MAIDEN NAME Marie M. Arendt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Rev. A. E. Ferber 2538 Quincy Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 1/7/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary 104 W. 42nd St.

20. FILED Jan 6, 1939 M M Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to Jan 5, 1939

I last saw her alive on Jan 5, 1939 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Atelectasis of left lung. 160 lb
Infant born by Cesarian Section.

Other contributory causes of importance:
mother had been in labor 48 hours. Fibroids in lower uterine segment c̄ no dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ——, 19....

Where did injury occur? ——
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ——

Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul A. Gempel M. D.

(Address) 243 Plaza Med Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.