

No. 2  
13-40  
17-39  
X22159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1504**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3510 Woodland**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **35 yrs**  
years, months or days

3. (a) PRINT FULL NAME **Marion M. Best**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Femal** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Claude Best** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **May 27 1884**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>56</b>	<b>5</b>	<b>28</b>	hr. min.

9. Birthplace **St Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Grant**

13. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Milligan**

15. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Claude Best**

(b) Address **3570 Woodland**

17. (a) **Burial** (b) Date thereof **Nov 27 '40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Miss C R Foster**

(b) Address **918 Broadway**

19. (a) **11-26-40** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")  
 Street No. **3510 Woodland**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov** day **25**  
year **1940** minute **30** A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

*Acute pulmonary congestion*  
*Acute coronary occlusion*  
*Acute myocardial infarction*

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: **Coronary sclerosis 94%**  
(Include pregnancy within 3 months of death)

Major findings: **Coronary sclerosis 94%**  
 Of operations \_\_\_\_\_  
 Of autopsy **Yes**

Duration \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur \_\_\_\_\_  
(City, town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
 While at work \_\_\_\_\_  
(Type of cause of injury)

23. Signature **Marion M. Brown** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 *Me*

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

working under my personal supervision.

Signed

*E. H. Rice*

Licensed Embalmer No.

*2570*

P. O. Address

*K. C. Moore*

**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.**