

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **911 Forest**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
In this community **38 yrs** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **911 Forest**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Etta Marks**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Phillip** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 5, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **20** If less than one day hr. _____ min. _____

9. Birthplace **Russiab**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home duties**

11. Industry or business _____

12. Name **Isaac Chalinsky**

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

14. Maiden name **Not Known**

15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Marks**

(b) Address **911 Forest**

17. (a) **Burial** (b) Date thereof **7-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director **J.P. Lewis Funeral Home**
(b) Address **K.C. Mo.**

19. (a) **7-28-41** (b) **M.M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **27**
year **1941** hour **11** minute **20** A.M.

21. I hereby certify that I attended the deceased from **July 6**
19**41** to **July 25** 19**41**

that I last saw her alive on **July 9** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericarditis**
anacuta 2-yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **73d**

Major findings: Of operations **None** Of autopsy _____

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 or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Specie of injury)

23. Signature **J. Earl Young** (M. D. _____) **11**
Address **1107 Bryant Rd** Date signed **7/26/41**

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

48
3
8

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.

Myself

Signed.....

Bert Legan

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, 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.