No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 329

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5490

State File No.

Primary Registration District No. 1002

Registrar's No. 874

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: Northeast 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Four days (Specify whether years, months or days)
In this community: as above

2. USUAL RESIDENCE OF DECEASED: 19
(a) State: Missouri (b) County: 6
(c) City or town: Drexel, 0
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x 1 years.

3. (a) PRINT FULL NAME: Miss Sarah Elizabeth Marmon,
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: x
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: November (Month) 25 (Day) 1867 (Year)
8. AGE: Years 74 Months 3 Days 26 If less than one day hr. min.
9. Birthplace: Illinois, (City, town, or county) (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x
12. Name (Father): Michael Marmon,
13. Birthplace (Father): Ireland, (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Sarah Patterson,
15. Birthplace (Mother): Ireland, (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. John Stewart,
(b) Address: LaCygne, Kansas,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Linn Co., Kansas,
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 3/3/42 (Date received local registrar) (b) Ch. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1942 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb. 24 1942 to Mar. 1st 1942 that I last saw her alive on Mar. 1st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration
Due to: Ascites from Carcinoma of Broad Ligament — 49E
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: James A. Beall (M. D. or other) DO
Address: 301 Independence Date signed 3/2/42

(Licensed Embalmer's Statement on Reverse Side)

361

N/A Recd

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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address K.C. 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.