

FILED DEC 7 1942
1942

Primary Registration District No. 1002

Registrar's No. 4290

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:
1423 Brooklyn Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 35 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. 1423 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Vina Marshall

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Shelton Marshall 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 69 Months Days If less than one day
hr. min.

9. Birthplace Lineus, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Andy Moore

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

14. Maiden name Dorisie

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

16. (a) Informant Alice Marshall

(b) Address 1423 Brooklyn

17. (a) burial (b) Date thereof 11/19/42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee, Kansas

18. (a) Signature of funeral director Walter Bros

(b) Address 1729 Lydia

19. (a) 11-18-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - 15 day year 1942 hour 1:40 minute 15 M.

21. I hereby certify that I attended the deceased from Nov - 13 - 1942 to Nov - 15 - 1942

that I last saw her alive on Nov - 13 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 3 days
Hypertensive heart disease

Due to Cold

Due to 108

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations: Of autopsy: 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) no

(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) (e) Means of injury 0
23. Signature W. A. Nelson M.D. (M.D. or other)
Address 726 Harrison Bldg Date signed Nov 18 - 1942

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

MOTHER FATHER

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.