

FILED JAN 26 1945
 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 157

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

1. PLACE OF DEATH: Jackson
 (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:
 1609 Troost
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
 In this community: 73 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mary Ellen Marshall
 3. (b) If veteran, name war: None
 3. (c) Social Security No.: None

4. Sex: Fe 3
 5. Color or race: Col
 6. (a) Single, married, divorced, Married
 6. (b) Name of husband or wife: Squire Marshall
 6. (c) Age of husband or wife if alive: 78 years
 7. Birth date of deceased: Dec. 29, 1866
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 7 If less than one day hr. min.

9. Birthplace: Fairplay Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

MOTHER FATHER {
 12. Name: George Bell
 13. Birthplace: Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name: Sarah J.
 15. Birthplace: Pearidge Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant: Squire Marshall
 (b) Address: 1609 Troost

17. (a) burial (b) Date thereof: 1/12/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Maple Hill Cemetery

18. (a) Signature of funeral director: *Hatkins Bros*
 (b) Address: 1729 Lydia

19. (a) 1-11-45 (b) *N. C. Brown*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jackson 48
 (c) City or town: Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 1609 Troost 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 11

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 6th
 year 1945 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from
 Oct. 1 - 1944 to Jan. 6, 1945
 that I last saw her alive on Jan. 6, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death:
 Acute - Mitral Insufficiency

Due to: _____
 Due to: _____

Other conditions: *92-8*
 (Includes pregnancy within 3 months of death)

Major findings:
 Of operations: _____
 Of autopsy: _____

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)
 (e) Means of injury: _____

23. Signature: *L. W. Booker* (M. D. or other)
 Address: 2028 Vine St. Date signed: 1/10/45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Booker.

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 *D. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.