V. S. No. 2
50M—11-10-39
Rev. 5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5510 735

Primary Registration District No. 1002

Registrar's No.

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: Marty Clinic Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community: Life

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.: Studio Building (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: 30 MARTHA CAYWOOD

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George Caywood

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: April 25, 1894 (Month) (Day) (Year)

8. AGE: Years 45 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace: Summerfield, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Martin Nestor

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

MOTHER 14. Maiden name: Mary Ann Clark

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

16. (a) Informant: George Caywood

(b) Address: Studio Building

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: Zwirk & Polin Co.

(b) Address: Kansas City, Mo.

19. (a) Feb. 19, 1940 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th year 1940 hour 9:15 minute a. m.

21. I hereby certify that I attended the deceased from Dec 16th, 1939, to Feb 18th, 1940, that I last saw her alive on Feb 18th, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Exhaustion	
Due to: General Metastatic Carcinoma	6 mo
Due to: Carcinoma of Right Breast	2 yrs
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: None

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): No

(b) Date of occurrence: None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury: None

23. Signature: L. A. Marty (M. D. or other)

Address: 815 McGee Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Marty
Marty Hospital Clinic
815 McGee

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 Charles M Davis

Licensed Embalmer No. 3774

P. O. Address KCMo

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, above space should be left blank.