

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:
K. C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 5 Years
years, months or days)

3. (a) PRINT FULL NAME ROBERT F. MARTIN, Sr. 635

8. (b) If veteran, name war No 3. (c) Social Security No. 2N0

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vallie Grace Martin 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 11, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	9	16	hr. min.

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

10. Usual occupation Furniture Salesman --Commission

11. Industry or business T. O. Bass

12. Name J. D. Martin

18. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Jackson

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

16. (a) Informant Mrs. Grace Martin

(b) Address 711 West 18th St.

17. (a) Removal (b) Date thereof 6/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee, Oklahoma

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) June 27, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 711 West 18th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 27th, 1940 to June 27th, 1940; that I last saw him alive on June 27th, 1940, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease; chronic vascular nephritis

Due to _____
Due to _____

Other conditions Terminal broncho-pneumonia
(Include pregnancy within 3 months of death)

Major findings: See above
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 P. F. DeMara M.D. (M. D. or other)
Address Supt. K. C. Gen. Hospital, K. C. Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Daniel C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *K.P. 210*

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.