No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 14 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24069

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2679

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

**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: 3100 East 11 st (If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution — (Specify whether
In this community 17 years (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. 3100 E 11 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Charles William Martin CHARLES WILLIAM MARTIN 635
3. (b) If veteran, name war none
3. (c) Social Security No. 487-04-4894
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Martin
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct (Month) 22 (Day) 1876 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 8 | 10 | hr. min. |

9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Mill Operator
11. Industry or business Flour mill
FATHER
12. Name John Martin
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Sarah Hollingsworth
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Roy Martin
(b) Address 3100 E 11 St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Neodesha, Kans
18. (a) Signature of funeral director Kettelin Funeral Home
(b) Address 2657 Linden Ave.
19. (a) July 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 2 year 1940 hour 9 minute 10 p. M.
21. I hereby certify that I attended the deceased from June 29, 1940 to July 2, 1940 that I last saw him alive on July 2, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 3 days |
| Due to Hypertension | yrs.? |
| Due to Chronic Glomerulo-nephritis | yrs.? |
| Other conditions 131 (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 1
23. Signature Jesse D. Rising M. D. or other M.D.
Address 1107 Bryant Bldg Date signed July 3, 1940

(Licensed Embalmer's Statement on Reverse Side)

## 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. 3991

P. O. Address 5725 Virginia

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.).**

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