

AUG 14 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1002

State File No. **24167**  
Registrar's No. **2777**

Registration District No. **399** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County: Jackson  
(b) City or town: Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Willow Brook - 2929 Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 8 da - 10 hrs - 15 min  
(Specify whether years, months or days)  
In this community: 8 da - 10 hrs - 15 min  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 2929 Main St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 1st  
year 1940 hour nine minute 45 P.M.

4. Sex: male 5. Color or race: white  
6. (a) Single, widowed, married, divorced: \_\_\_\_\_  
6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: June 23 - 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23, 1940, to July 1, 1940  
that I last saw him alive on July 1, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
8 10 hr. 15 min.

Immediate cause of death: Renalure Berth  
Duration \_\_\_\_\_

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

Due to unk known  
(Maternal Wasserman Negative)  
Due to \_\_\_\_\_  
Other conditions: 139  
(Include pregnancy within 3 months of death)

10. Usual occupation: None

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

MOTHER FATHER  
11. Industry or business: None  
12. Name: unknown  
13. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name: Margaret Martin  
15. Birthplace: Iowa  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature: Addressation  
(b) Address: 2929 Main

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?

17. (a) Burial (b) Date thereof: 7-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Green Lawn

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_

18. (a) Signature of funeral director: Eglar Funeral Home  
(b) Address: N. C. Mo  
19. (a) July 10, 1940  
(Date received local registrar) (b) M. M. Brown  
(Registrar's signature)

23. Signature: H. D. Dyer (M. D. or other)  
Address: 315 Alameda Road Date signed: 7-2-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-X-11

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**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, above space should be left blank.**