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X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31076  
3639  
Registrar's No.

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:  
2829 Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2  
(Specify whether  
In this community 26 yrs  
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. 2829 Olive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Martha R. Raulston

3. (b) If veteran, name war no 3. (c) Social Security No. no.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 21-1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 5 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wm Baranek

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

14. Maiden name Renee Raffine

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

16. (a) Informant Reva R Raulston  
(b) Address 2829 Olive

17. (a) Burial (b) Date thereof 9-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Ms. C. R. Foster  
(b) Address 918 Brooklyn

19. (a) Sept. 17, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 16  
year 1940 hour 9 minute 20 a M.

21. I hereby certify that I attended the deceased from April 15, 1940 to Sept 16, 1940  
that I last saw her alive on Sept 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of uterus  
Due to with static pneumonia  
Due to of both lungs.  
Other conditions (Include pregnancy within 3 months of death) 48

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature James T. Inguin (M. D. or other)  
Address 410 Bryan Blvd Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed E. A. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City Mo

**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.**

*17417 W 39*  
*Al. 6/16/7*  
*W. A. ...*  
*W. A. ...*