

NOV 12 1940  
Registration District No. 399

Primary Registration District No. 1002

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:  
5905 East 35th St. Terr.  
(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 11 years  
years, months or days)

3. (a) PRINT FULL NAME Henry Martin  
3. (b) If veteran, name war None 3. (c) Social Security No. 487-09-9895

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

6. (b) Name of husband or wife Annie Martin 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased July 20 1908  
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 6 If less than one day  
hr. min

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

10. Usual occupation Laborer

11. Industry or business Fisher/Body Works

MOTHER: FATHER {  
12. Name Henry Martin  
18. Birthplace Hensley Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Ann Goodwin  
15. Birthplace Charleston S. C.  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Martin  
(b) Address 5905 East 35th St. Terrace

17. (a) burial (b) Date thereof 10/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.  
(b) Address 1729 Lydia

19. (a) 10-2-40 (b) H. M. Browne  
(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. 5905 East 35th St. Terr.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 26  
year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9-26-40  
\_\_\_\_\_, 19\_\_\_\_, to 9-26-40, 19\_\_\_\_  
that I last saw him alive on 9-26-40  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumococcosis  
(Pneumonia)  
Due to Dust.  
930

Other conditions Acute myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy Pneumococcosis

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)  
(b) Means of injury 1  
23. Signature F. J. Vaughn (M. D. or other)  
Address 2200 East 18 Date signed Oct-1-40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Haugh.*

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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.....

*Isaac Jerome Mainlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*1120 E. 23 St*

**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...