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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37735

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4333

FILED DEC 11 1940

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: 3900 Euclid Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether years, months or days) 2 0

In this community 16 Years

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. 3900 Euclid Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Mrs. Leenorah Franklin Martin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Robert C. Martin

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September (Month) 16 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
75 ~~76~~	1	26	____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ----

MOTHER FATHER

12. Name William Shelton

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

14. Maiden name Arnett

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

16. (a) Informant 3900 Euclid Avenue

(b) Address Robert C. Martin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-14-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th year 1940 hour About 9 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1940, to Nov. 12, 1940; that I last saw her alive on Nov. 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Asthma	1 year
Due to Arteriosclerosis	3 or 4 yrs
Due to	
Other conditions (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

23. Signature A. J. McComan (M. D. or other)

Address 3850 Brooklyn Date signed 11-14-40

(Licensed Embalmer's Statement on Reverse Side)

Martin

1-5

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 H. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K.C. Mo.

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

If this body is not embalmed, above space should be left blank.