

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 82 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES B. MARTIN

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Laura Jane Martin 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December 12, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>		<u>23</u>	hr. _____ min.

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

10. Usual occupation Engineer (retired 8 yrs)  
Missouri Pacific

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

12. Name Edward James Martin

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

14. Maiden name Mary Sheehan

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

18. (a) Informant Mrs. Laura Jane Martin

(b) Address 8333 Santa Fe Trail, Overland Park

17. (a) Burial (b) Date thereof 1/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's, Indep. Mo.

18. (a) Signature of funeral director Quirk & Tolson Co.

(b) Address K. E. Co.

19. (a) Jan 7 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 900  
Overland Park 14  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
8333 Santa Fe Trail  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
2  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
year 1941 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 2  
1941, to Jan 5, 1941  
that I last saw him alive on Jan 5, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease  
Due to generalized arteriosclerosis

Due to \_\_\_\_\_  
Other conditions Pellagra  
(Include pregnancy within 3 months of death)

Major findings: Of operations 64  
Of autopsy \_\_\_\_\_

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 E. Coakley (M. D. or other) 0  
Address 1002 Regan Bldg Date signed 1-6-41

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

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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 Harold Perry

Licensed Embalmer No. 4097

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.**