

No. 2
1-4-41
5-17-39
I X26390

APR 15 1941

Registration District No. 277 Primary Registration District No. 1602

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-18-40-3-5-41
(Specify whether years, months or days) 30 years

3. (a) PRINT FULL NAME Anna Martin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Naylor Martin

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 18 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40	11	17	hr. min.
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9. Birthplace Little Rock / Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Edward Roach

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

14. Maiden name Henrietta Roach

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 3-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Adams Bros.

18. (a) Signature of funeral director M. M. Crowe

(b) Address 2800 E. 12th K.C. Mo.

19. (a) March 10, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1307 Highland Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 41 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from 12-18- 1940 to 3-5- 1941
and that death occurred on the date and hour stated above.

that I last saw h. er alive on 3-5- 1941

Immediate cause of death Uremia

Chronic Nephritis

Due to Hypertensive Type of Heart Disease

Due to 12/18

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J.P. [Signature] (M. D. or other)

Address Gen Hospital #2 Date signed 3-6-41

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.....
E. J. Lewis

Licensed Embalmer No..... *3836*

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, fact should be so stated above.