

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20662

State File No. 2192

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kaw K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3714 Garner
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 30 years
years, months or days) (Specify whether

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. 3714 Garner
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd.
year 1941 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 13
to June 3 1941
that I last saw her alive on June 2nd 1941
and that death occurred on the date and hour stated above.
Immediate cause of death: Ascaris

Duration
10 yrs
12 yrs

Due to Multilocular cyst of ovary - cyst
Due to 56A

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations..... 56A
Of autopsy Multilocular cyst of ovary

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

3. (a) PRINT FULL NAME Georgia Viola 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, Widow

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

7. Birth date of deceased November 17- 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Joseph Cawthon

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

14. Maiden name Opie Mae Ware

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

16. (a) Informant Harold Martin

(b) Address 3714 Garner

17. (a) Burial (b) Date thereof 6-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address K.C. Mo.

19. (a) 6/6/1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature H. Trippe (M. D. or other)
Address 1022 Argyle Date signed 6/6/41

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

X28390
448

JUL 1 1941

AUG 8 1941

*Grand
0336*

*W. G. Gyle
Hca 3454
Qu-3490*

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 *Gerald I. Wade*

Licensed Embalmer No. *4172*

P. O. Address *15. C. Ms.*

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.