

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **26 East Linwood**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 years** / (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Flora Martin**
 (b) If veteran, name war **XX**
 3. (c) Social Security No. **None**

4. Sex **Fe** | 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **November 10 1865**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **6** If less than one day hr. min.

9. Birthplace **Wyandotte County Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **James C. Grinter**
 13. Birthplace **Ky.**
 14. Maiden name **Rosina Marshall**
 15. Birthplace **No Record**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Russell T. McGuire**
 (b) Address **26 E. Linwood**

17. (a) **Burial** (b) Date thereof **7-18-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **J. M. Wagner**
 (b) Address **Kansas City, Mo.**

19. (a) **7-17-41** (b) **M. M. Crowl**
 (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. **26 East Linwood**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **16**
 year **1941** hour **3** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **June 25**, 1941, to **July 15**, 1941; that I last saw her alive on **July 14**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **terminal Arterio-sclerosis**

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

23. Signature **J. M. Frankelburger** (M. D. or other) **D**
 Address **224 Piatte Blvd** Date signed **7-27-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

906 Howard
11 31 54

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 A. R. Hainschild

Licensed Embalmer No. 4159

P. O. Address R. C. Mo.

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.