

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital No. 2**
(d) Length of stay: In hospital or institution **1-4-42-1-12-42**
In this community **45 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1302 Independence Ave.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **HARRY MARTIN**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **12**
year **1942** hour **5** minute **45** a.m.

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
7. Birth date of deceased: **April 15 1898**

21. I hereby certify that I attended the deceased from **January 4 1942** to **January 12 1942**
that I last saw him alive on **January 12 1942**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **8** Days **28** If less than one day _____ hr. _____ min.

Immediate cause of death **Arteriosclerosis with Uremia**

9. Birthplace **Carroll County Missouri**

Due to **Chronic arterio-sclerotic hepatic**
Due to **13/0**

10. Usual occupation **None**

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name **Deceased**
13. Birthplace _____
14. Maiden name **Deceased**
15. Birthplace _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**
(b) Address **General Hospital No. 2**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) **Removal** (b) Date thereof **1-17-42**
(c) Place: burial or cremation **St. U. Medical School**
18. (a) Signature of funeral director **M. M. Crowe**
(b) Address **1905 E. 14th St. St. Louis, Mo.**
19. (a) **1/18/42** (b) **M. M. Crowe**

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **J. J. Young** (M. D. or other)
Address **St. Louis, Mo. 64112-6006** Date signed **1-13-42**

Not Embalmed.

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.....

Licensed Embalmer No. *10007*

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.