

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 222

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Law
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Little Sisters of Poor, 5331 Highland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 2 Years
years, months or days)

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. 5331 Highland
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Victor Louis Martin
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 16th.
 year 1942 hour 5 P.M. minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
 6. (b) Name of husband or wife Mary Ann Martin 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 17, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 5 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchial pneumonia Duration 3 days
 Due to Coronary occlusion 6 days
 Due to Generalized arteriosclerosis year

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

Other conditions g40
(Include pregnancy within 3 months of death)

10. Usual occupation Retired clerk

11. Industry or business K.C. Mo. Water Dept.

12. Name Isaac Martin

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

14. Maiden name No record

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

16. (a) Informant Mrs Jeanette McGannon
 (b) Address Henderson, Texas.

17. (a) Removal (b) Date thereof Jan. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humbolt, Kas.

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home

(b) Address 4316 Troost Ave.

19. (a) 1/18/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

(e) Means of injury _____

23. Signature John T. Sherrin (M. D. or other) M.D.
 Address 1402 Bryant Road Date signed 1-17-42

Kansas City, Mo.

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.....

Thomas E. Jewell

Licensed Embalmer No.

3775
H. C. M. W.

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.