

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MAILED MAR 9 1942
Registration District No. _____

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**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3240 Norledge
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 Months**
(Specify whether
 In this community **MA. M.Y.K.P.S.**
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. **1312 Campbell**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mary Martin**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **27**
 year **1942** hour **5** minute **30** **A.M.**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William Martin** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Dec. 25, 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 30 1942**, 19____ to **Feb 27 1942**, 19____
 that I last saw him alive on **2-26-42**, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months **2** Days **2**
 If less than one day _____ hr. _____ min.

Immediate cause of death _____
 Due to **arteriosclerosis**
 Due to **99**

9. Birthplace **Buckingham County** **Canada**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Wife**

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business **At Home**
12. Name **Robert L. O'Hara**
13. Birthplace **Canada**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Jackson**
(b) Address **1312 Campbell**

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? _____

17. (a) Removal (Burial, cremation, or removal) _____ (b) Date thereof **Feb. 27, 1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **Joplin, Missouri**
Mrs. C. L. Forster

While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature **M. M. Crowl** (M. D. or other) _____
Address **3240 Norledge** **Date signed** **2-27-42**

18. (a) Signature of funeral director _____
(b) Address **918 Brooklyn**
19. (a) **2/27/42** (Date received local registrar)
(b) **M. M. Crowl** (Registrar's signature)

Mr. Lawrence J. ...
Body Center
3026 E. 21st -
JCS

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed J. C. ...
Licensed Embalmer No. 4179
P. O. Address W. C. ...

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.