

State File No. _____

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. _____

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: 4418 Mersington 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary-m-martin
3. (b) If veteran, name war ✓
3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Albert-martin 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased June-15-1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 16
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mary Stewart

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

16. (a) Informant Mrs. Mable O'Day

(b) Address 4418 Mersington

17. (a) Burial (b) Date thereof Aug-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cn.

18. (a) Signature of funeral director J.P. Doehler

(b) Address 1415 East 15th

19. (a) 8-21-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4418 Mersington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from about
1939, 19 to Aug 16, 1942
that I last saw her alive on Aug 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Probably Primary in
neck to Liver 48B
Due to _____
Due to _____

Duration
not known

Other conditions (old age)
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Franzen (M. D. or other) _____
Address 1002 Grand St No Date signed 8/24/42

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

Professional - Bldg
V1-3434

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.P. Doshler*.....
Licensed Embalmer No. *1166-emo*.....
P. O. Address *1415-E 15-City*.....

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.