

FILED OCT 5 1942 49

Registration District No.

Primary Registration District No. 10.02

Registrar's No. 3595

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: Gen. Altos #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo
(Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2023 Flora
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Josephine Martin

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from 3-28, 1942, to Sept. 25, 1942, that I last saw him alive on 9-25, 1942, and that death occurred on the date and hour stated above.

4. Sex 73 5. Color or race col 6. (a) Single, widowed, married, divorced 1 widowed

6. (b) Name of husband or wife David Martin 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 22-42-1903
(Month) (Day) (Year)

Immediate cause of death Pneumonia Broncho.
Great Ca. of Lung

Due to —

Due to — 475

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

8. AGE: Years 39 Months 3 Days 13 If less than one day — hr. — min.

9. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

10. Usual occupation house

11. Industry or business —

12. Name Jerry Washington

13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Smith

15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations —

Of autopsy yes

PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant David Martin

(b) Address 2023 Flora ave

17. (a) Burial (b) Date thereof 9-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West. App. Titon, Pres

(b) Address 1905 Vine St

19. (a) 9-30-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. O. Dwyer (M. D. or other) 0

Address Key Bldg #2 Date signed 9/28/42

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

C. H. West,

Licensed Embalmer No. *2710*

P. O. Address *K. 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.