V. S. No. 2
DM—9-4-41
ev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36327

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4387

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: Research Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 11-17-42 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County 14
(c) City or town Ottawa, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 312 East 11th Street,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Harry Albert Martin
3. (b) If veteran, name war no
3. (c) Social Security No. 513-01-5048.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Martin
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July (Month) 10 (Day) 1892 (Year)

8. AGE: Years 50 Months 4 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Kans 1 (State or foreign country)
10. Usual occupation President
11. Industry or business National Sign Co.
FATHER
12. Name Wm. H. Martin
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)
MOTHER
14. Maiden name Loldie Mae McDonald
15. Birthplace (City, town, or county) Pa 1 (State or foreign country)
16. (a) Informant Mrs. Lena Martin,
(b) Address 312 E. 11th, Ottawa, Kansas,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ottawa, Kansas,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 11-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1942 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from 11-11-42, 19, to 11-27-42, 19; that I last saw him alive on 11-26-42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Larynx.	
Due to 47a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Carcinoma of Larynx	

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)
While at work? (e) Means of injury
23. Signature M J Stangle Lt. M.D. of Owen USNR
Address USNRAB Date signed 11-27-42
Alatha Kansas

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ira Lockwood,
argyle
not in title after 12/5 per Bud

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. 1415

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.