

Registration District No. 149

Primary Registration District No. 1002

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:
806 West 38th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 25 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 806 West 38th Street,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Mrs. Harriette A. Martin,

3. (b) If veteran, name war no. 3. (c) Social Security No. 986-26-0395

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Samuel Martin, 6. (c) Age of husband or wife if alive Unknown, years

7. Birth date of deceased February 9, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 24 hr. min.

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

10. Usual occupation with Kansas City Paper House

11. Industry or business X

MOTHER FATHER { 12. Name Richard Martin,
13. Birthplace Ireland, 4
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Booker,
15. Birthplace Ireland, 4
(City, town, or county) (State or foreign country)

16. (a) Informant V. H. Burnette,
(b) Address 5409 Wayne, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-5-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
5 year 1943 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1940, to April 2 1943
that I last saw her alive on April 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneum 2 days
Due to Carcinoma of Breast 18 Mo
with metastases
Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 Donaldson (M. D. or other)
Address 615 ARGYLE BLDG. Date signed 4/3/43

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

Dr. J. E. Donaldson

any other Body
11-30

615

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.....
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.