S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27396

Registration District No. 1949 — Primary Registration District No. 1002 — Registrar's No. 3640

ED SEP 7 1943

**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: 819 W 40th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether in this community ..... years, months or days) 66 years

**2. USUAL RESIDENCE OF DECEASED:** 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 819 West 40th street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

**3. (a) PRINT FULL NAME:** John H. Martin

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White 0

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Lena D. Martin

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: Feb. (Month) 15th (Day) 1877 (Year)

8. AGE: Years 66 | Months 86 | Days 86 | If less than one day ..... hr. ..... min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Southwestern Bell Tel. Co.

11. Industry or business: .....

FATHER
12. Name: Henry Martin
13. Birthplace: Cumberland (City, town, or county) Maryland / (State or foreign country)

MOTHER
14. Maiden name: Katherine Seevers
15. Birthplace: ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Mrs. Lena D. Martin
(b) Address: 819 West 40th street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 42nd street

19. (a) 8-23-43 (Date received local registrar) (b) T. C. Brown Dep (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 21st year 1943 hour six minute P. M.

21. I hereby certify that I attended the deceased from 19 Aug 1 DV Aug 21 1943 to ..... 19..., that I last saw him alive on Aug 21 DV 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration 8 days

Due to: Parkinsons Disease — 10 yrs

Due to: 87c

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

Major findings:
Of operations .....
Of autopsy .....

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: [signature] (M. D. or other) MD

Address: 901 West Pest Rd Date signed: 8/27/43

(Licensed Embalmer's Statement on Reverse Side)

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**