

FILED OCT 13 1943 149

Registration District No.

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:
General Hospital #2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 8-30-43-9-14-43
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1620 Harrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME FRANK MARTIN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lula Martin 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 30, 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 03 Days 14 If less than one day hr. min.

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

10. Usual occupation unemployed

MOTHER FATHER 11. Industry or business

12. Name Jacob Martin
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Caroline
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2.

17. (a) Burial (b) Date thereof 9/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Tatkins Bros
(b) Address 1729 Lydia Avenue

19. (a) 9-28-43 (b) J. E. Brown, Dep
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 14
year 1943 hour 3:40 minute a. M.

21. I hereby certify that I attended the deceased from August 30, 1943 to September 14, 1943.
that I last saw him alive on September 14, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Urthral structure
Urinary retention

Due to 1360
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

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) Means of injury

23. Signature J. E. Brown (M. D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 9-14-43

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

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 *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.