S. No. 2
DM—2-43
5-17-39
1 X35697

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

FILED DEC 3 1943

State File No. 37395

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4956

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: 6051 SWOPE PARKWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
In this community 30 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 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6051 SWOPE PARKWAY 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MRS MARTHA E MARTIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife MR. DAVID from MARTIN

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

7. Birth date of deceased JULY (Month) 14 (Day) 1860 (Year)

8. AGE: Years 83 Months 4 Days 9 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas Harvey
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name KARLINE HARVEY
15. Birthplace ELSOX (City, town, or county) DELAWARE (State or foreign country)

16. (a) Informant Miss Effie L. Martin
(b) Address 6051 Swope Parkway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-24-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23RD year 1943 hour 4 35 a.m. minute A.M.

21. I hereby certify that I attended the deceased from June 1, 1939, to Nov. 23, 1943; that I last saw her alive on Nov. 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Mitral easion

~~Due to~~ about 8 years

Due to do not know

Other conditions Recovering from a mild Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

4 days

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) no

(b) Date of occurrence

(c) Where did injury occur? no (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 James W Graham (M. D. or other)

Address 518 Argyle Bldg Date signed 11-23-43

(Licensed Embalmer's Statement on Reverse Side)

518 Argyle Bldg.
1:30-5

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 H C Newcomer Jr

Licensed Embalmer No. 4049

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.