

FILED MAR 6 1944
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **J.C., Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
K.C. T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 mo + 10 days.**
(Specify whether years, months or days)

In this community **5 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **J.C., Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1307 Michigan St.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Jefferye Martin**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **499-16-9900**

4. Sex **Female** 5. Color or race **Colored**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **February 26 1921**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	11	19	hr. min.

9. Birthplace **Ferrisville, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Day work**

11. Industry or business

MOTHER FATHER

12. Name **Frank Martin**

13. Birthplace **Burwick, Miss**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Butler**

15. Birthplace **Jonesville, Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Martin (Father)**

(b) Address **1304 W. Locust, Indep. Kan**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **2-19-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt Hope, Independence, Mo**

18. (a) Signature of funeral director **Rodrick Edward**

(b) Address **Independence, Mo**

19. (a) **2-16-44** (b) **T E Brown (V3)**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **15** year **1944** hour **3:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **November 4**, 1943, to **February 15 1944** that I last saw her alive on **Feb 15**, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary hemorrhage**

Due to **Pulmonary Tuberculosis**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **13k**

Of autopsy **None done**

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) (e) Means of injury **0**

23. Signature **M. J. [unclear]** (M. D. or other)
Address **K.C. T.B. Hospital** Date signed **2/15/44**

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.