

FILED APR 6 1944

State File No.

1289

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2629 Elmwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 years  
In this community 58 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2629 Elmwood  
(e) Citizen of foreign country? No  
If yes, name country 0

3. (a) PRINT FULL NAME PLEASANT EVERETT MARTIN

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

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

6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 20, 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 0 If less than one day, hr. min.

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

10. Usual occupation Meter Installer, Retired

11. Industry or business K. C. Gas Co.

MOTHER FATHER  
12. Name Meredith Martin  
13. Birthplace Unknown  
14. Maiden name Phosbe Hunter  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Martin  
(b) Address 2629 Elmwood

17. (a) Burial (b) Date thereof 3/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc  
(b) Address Kansas City, Mo.

19. (a) 3-22-44 (b) P. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 20 day  
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 1941  
19 to Feb 4, 1944, 19...  
that I last saw him alive on Feb 4, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation Heart Duration 2 yrs

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C<sup>2</sup>  
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 D. J. Davis (M. D. or other)  
Address 907 Waldheim Date signed 3-22-44

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

*Blackman*

**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 *A. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *R. 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.**