S. No. 2
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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. 13776

FILED MAY 5 1944

Registration District No. 19

Primary Registration District No. 1002

Registrar's No. 1795

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 28 yrs.

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.: 300 Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Helen 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: Widow
6. (b) Name of husband or wife: Edward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: January (Month) 7 (Day) 1860 (Year)
8. AGE: Years 84 Months 3 Days 17 If less than one day hr. min.
9. Birthplace: St George (City, town, or county) Canada 2 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Lasnier
FATHER 13. Birthplace: Canada 2 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: (Unknown) Elie
MOTHER 15. Birthplace: Canada 2 (City, town, or county) (State or foreign country)
16. (a) Informant: Isabelle Martin
(b) Address: 4550 Mill Creek
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation: St Marys Cemetery
18. (a) Signature of funeral director: Quirk & Cabin C.
(b) Address: 20 West Linwood
19. (a) 4-24-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1944 hour 1 minute 1 PM.
21. I hereby certify that I attended the deceased from April 15, 1944, to April 22, 1944; that I last saw her alive on April 22, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 107	
Major findings: Of operations:	
Of autopsy: None	

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: Albert E. Upshaw M.D. (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 4-24-44

(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.....

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.