HI 6140

23808

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 9 1944

Registration District No. 197

Primary Registration District No. 1602

Registrar's No. 3115

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

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: 1317 EAST 49th STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 23 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3/8

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 1317 EAST 49th STREET (If rural, give location)

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

If yes, name country ------- 0

3. (a) PRINT FULL NAME MISS MARY EMILY MARTIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 486-09-2919

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife — —

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

7. Birth date of deceased SEPTEMBER (Month) 17 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	10	11	hr. min.

9. Birthplace MIAMI COUNTY (City, town, or county) | KANSAS (State or foreign country)

10. Usual occupation MOTOR INSURANCE UNDERWRITER

11. Industry or business GEN'L MOTORS INS. CORP.

FATHER
12. Name ELIJAH A. MARTIN
13. Birthplace (City, town, or county) | INDIANA (State or foreign country)

MOTHER
14. Maiden name RUTH E. COBLE
15. Birthplace MORGAN COUNTY (City, town, or county) | INDIANA (State or foreign country)

16. (a) Informant MRS. RUTH E. COBLE MARTIN

(b) Address 1317 EAST 49th STREET

17. (a) ~~Burial~~ REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 31 (Day), 1944 (Year)

(c) Place: burial or ~~cremation~~ GLENWILD CEM., CLEVELAND, MO

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28TH year 1944 hour 8 minute 30A. M.

21. I hereby certify that I attended the deceased from 7/3/42, 19..., to ..., 19...; that I last saw her alive on July 28, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis, Metastatic	6 mos
Due to Cancer of the Breast	3 yrs ago
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
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 0

23. Signature Arnold V. Arnes MD (M. D. or other)

Address Plaza Med Bldg, Kelly, Mo Date signed 7/28/44

- 861 (Licensed Embalmer's Statement on Reverse Side)

Plaza Med. Bldg (201)
Va 3243 - 2PM - 4PM

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 Elsear Worthey

Licensed Embalmer No. 1767

P. O. Address RC 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.