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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8700

FILED APR 5 1945

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1307

18
3
8

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. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5741 Prospect 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Martin

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Arnold Martin

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

7. Birth date of deceased April (Month) 2 (Day) 1885 (Year)

8. AGE: Years 59 ~~58~~ Months 11 Days 15 If less than one day hr. min.

9. Birthplace Cincinatti, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation ~~Housewife~~

11. Industry or business

FATHER
12. Name ~~George Best~~ John Alfred Best
13. Birthplace Cornwall ~~Kentucky~~ England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida May Heitzman
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet Geisheker
(b) Address 1538 Wolfram Chicago, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forester
(b) Address 918 Brooklyn K. C. Mo.

19. (a) 3-21-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 4, 1945, to March 17, 1945
that I last saw her alive on March 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of hand with axillary metastases

Due to

Due to

Other conditions 55 [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Operations

Of autopsy See above

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Clark W. Seely M.D. (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 3-19-45

(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 Cortland Munoz

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.

R. C. Smo