

No. 2
-5-43
5-17-39
X38671

FILED FEB 19 1946

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
305 Myrtle Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 Years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME MRS. ETHEL BERNICE 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 Married

6. (b) Name of husband or wife Joseph W. Martin | 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 24th 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 20 | If less than one day hr. _____ min. _____

9. Birthplace Eudora Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER } 12. Name Oscar Reber

FATHER } 13. Birthplace Reading Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Etta Zimmerman

15. Birthplace Maslin Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Martin

(b) Address 305 Myrtle Avenue

17. (a) Burial (b) Date thereof 2 / 6 / 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 2-4-46 (b) Steldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 305 Myrtle Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd
year 1946 hour 10 minute 02 A.M.

21. I hereby certify that I attended the deceased from 9:55 - 10:00 A.M.
Feb. 3 - 1946 to 1946

that I last saw her alive on Feb 3 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Duration _____

Due to _____

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none performed

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 R. Paul Wright, M.D. (M. D. or other)
Address 1324 Pop. Hlth Date signed 2-4-46

Dr. Paul Wright
1374 Prof. Bldg.

10-11

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 *Ernest E. Johnson*
Licensed Embalmer No. *481*
P. O. Address *Kansas City, 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.