No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5765

FILED FEB 19 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 569

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

4754

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 min. (Specify whether
In this community 40 Years
years, months or days)

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. 2217 East 21 Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary F. Martin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

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 March (Month) 1 (Day) 1865 (Year)

8. AGE: Years 80 Months 10 Days 30 If less than one day hr. min.

9. Birthplace Carlton, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lottie
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Rainbow
(b) Address 2217 East 21 Street

17. (a) Lincoln (Burial, cremation, or removal) (b) Date thereof 2-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director [signature] Bros
(b) Address 1729 Lyons Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1946 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from 26 January 1946 to 28 January 1946;
that I last saw her alive on 28 January 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Congestive heart failure.	
Due to Arteriosclerotic heart disease.	
Due to Above	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None 93	
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 George H. Traft (M. D. or other)
Address 2123 E. 15th St. Date signed 2/2/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Zapp

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 F. Jerome Manlove

Licensed Embalmer No. 9994

P. O. Address 2503 Highland

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.