

FILED APR 10 1948

State File No. \_\_\_\_\_

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1441

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)  
 In this community 30 yrs

3. (a) PRINT FULL NAME Frank Martin  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex m 5. Color or race w  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Louise P.  
 6. (c) Age of husband or wife if alive 56 5/9 years  
 7. Birth date of deceased 4 27 1879  
(Month) (Day) (Year)

8. AGE: Years 66 1/4 Months 10 Days 28  
 If less than one day hr. min.

9. Birthplace Atchison Kans  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman Retired

11. Industry or business K.C. Southern

12. Name Hardley Martin

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hargrave

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

16. (a) Informant Mrs. Louise Martin

(b) Address 915 E. 8th

17. (a) Reinour (b) Date thereof 3-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hope Kans City, Kans

18. (a) Signature of funeral director Eads Bras  
 (b) Address 1416 S. Main

19. (a) 3-26-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 915 E. 8 St. 7  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
 year 1946 hour 2 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from March 13 1946 to March 25 1946  
 that I last saw him alive on March 25 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis with congestive failure  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 939  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

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

23. Signature Wm W Hart (M.D. or other) 5-26-46  
 Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

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

MOTHER NUMBER  
 60-1-1948

*for information*

**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 *Q. H. Beckwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address *KCK*.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

State of Mo. }  
County of Jackson } SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1441

On this 3rd day of May, 1946, before me appears Louise  
Martin, who, upon her oath, states that the original record of ~~birth~~  
for Frank C. Martin died March 25, 1946 in the State of  
Missouri, and which was filed at J. C. Mo. on 3-26, 1946, should be corrected as follows:

Item No. 6<sup>c</sup> should read 5-9

Instead of 56

Item No. 7 should read April 27, 1879

Instead of April 27, 1881

Item No. 8 should read 66-10-28

Instead of 64-10-28

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) X Affiant. Louise Martin X Relationship. Wife

X 915 E 8th Present Address.

Subscribed and sworn to before me this 3rd day of May, 1946

My Commission expires Oct. 20. 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

9539