

FILED JUL 31 1946
199

Registration District No. **1002** Primary Registration District No. **1002** Registrar's No. **3035**

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 **Research Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Weeks**
(Specify whether years, months or days)
 In this community **7 Weeks**

3. (a) PRINT FULL NAME **Mr. Emmet Rockford Martin**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Nora Martin**
 6. (c) Age of husband or wife if alive **63**
 7. Birth date of deceased **June 15 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **29**
 If less than one day hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Fairfield, Missouri**

MOTHER FATHER
 { **12. Name** **George Perry Martin**
 { **13. Birthplace** **Indiana**
 { **14. Maiden name** **Arta Surthland**
 { **15. Birthplace** **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nora Martin**

(b) Address **Fairfield, Missouri**

17. (a) Burial **July 11, 1946**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairfield, Missouri**

18. (a) Signature of funeral director **W. H. Newcomer, Secy**
(b) Address **1401 Brush Creek Blvd.**

19. (a) 7-11-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Benton**
 (c) City or town **Fairfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11th**
 year **1946** hour **3** minute **35** **A.M.**

21. I hereby certify that I attended the deceased from **May**
1946 to **July 11** 19**46**
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric hemorrhage**
Gastric + duodenal
ulcers perforating
 Due to _____
 Due to _____
 Other conditions **gall stones**
rephritis chronic
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy **yes** **1170**

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 _____
 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?

23. Signature **J. Montgomery**
Proprietor
(Specify type of place) (c) Means of injury
 Date signed **7/11/46**

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

AUG 21 1948

AUG 22 1948

FEB 11 1948

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address K C 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.