S. No. 2
-12-45
5-17-39
I X47070

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

FILED SEP 25 1946

State File No. 30363

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3869

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: 16 East 69th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 55 years
years, months or days)

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. 16 East 69th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Helen D. 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 C. L. Martin
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May (Month) 16 (Day) 1890 (Year)

8. AGE: Years 56 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Montgomery (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Frank McDonnell
13. Birthplace --- (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Kate ---
15. Birthplace --- (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Mr. C. L. Martin
(b) Address 16 E. 69th St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.
19. (a) 9-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1946 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 22, 1946 to 9-11, 1946; that I last saw her alive on 9-11 (11:A.M.), 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to Carcinoma Colon

Due to

Other conditions 46 lb
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Colon

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 [signature] (M. D. or other) M.D.
Address 830 Argyle Bldg/K.C. Date signed 9/11/46

(Licensed Embalmer's Statement on Reverse Side)

Dr [redacted] H. [redacted]
Argyle Bldg., Vi 6330

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 Russell N Franc

Licensed Embalmer No. 4255

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.