V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30364

FILED SEP 25 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3857

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 7 hrs. 43 mins. (Specify whether years, months or days)
In this community 47 yrs.

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. 2611 OLIVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLELIA MARTIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Charles Martin

6. (c) Age of husband or wife if alive, or if dead, how long deceased

7. Birth date of deceased FEBRUARY (Month) 27, (Day) 1899 (Year)

8. AGE: Years 47 Months 6 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name CHARLES BROWN

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

14. Maiden name SARAH CARSON

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

16. (a) Informant CHARLES BROWN (Father)
(b) Address 14th AUGUST ST.--K. C. Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros
(b) Address 2000 E. 12th K.C. Mo

19. (a) 9-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 6, year 1946 hour 5: minute 58 P.M.

21. I hereby certify that I attended the deceased from SEPTEMBER 6, 1946 to SEPTEMBER 6, 1946 that I last saw her alive on SEPTEMBER 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death HEMOPERITONEUM FOLLOWING INTESTINAL RESECTION of ileum — Duration
GENERALIZED TOXEMIA
Due to intestinal obstruction volvulus
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 122 b
Of autopsy (SAME AS 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 9/7/46

(Licensed Embalmer's Statement on Reverse Side)

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

29195

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.....A. T. Moore.....

Licensed Embalmer No.....946.....

P. O. Address.....

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.