

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **149** Primary Registration District No. **1002**

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:
710AE. 26TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **37 YEARS** (Specify whether
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. **710AE. 26TH STREET**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LEON CLAUDE MARTIN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **709-14-9800**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MRS. ORA MARTIN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JANUARY 31 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **LICKING COUNTY OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED CHECK CLERK.**

11. Industry or business **SANTA FE R.R.**

12. Name **LUTHER MARTIN**

13. Birthplace **LICKING COUNTY OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **EVA JANE WHITEHEAD**

15. Birthplace **LICKING COUNTY OHIO**
(City, town, or county) (State or foreign country)

16. Informant **C. M. Martin**

(a) Address **Box 219 in unimproved city**

17. (a) **BURIAL** (b) Date thereof **Nov. 20 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. WASHINGTON CEMETERY**

18. (a) Signature of funeral director **O. W. Hines**

(b) Address **1401- BRUSH GREEN BLDG.**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17TH**
year **1946** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and time stated above.

Immediate cause of death **Deputy Coroner Coronary Sclerosis**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **History of Inspection**

PHYSICIAN

Underline the cause to which death should be attributed 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)

Means of injury _____

23. Signature **A. E. Upsher** (M. D. or nurse)

Address **2800 Main** Date **11/28/46**

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

MOTHER FATHER

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

Melvin Miller

Licensed Embalmer No. *4407*

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.