

No. 2  
2-45  
17-39  
X47070

State File No. \_\_\_\_\_  
Registrar's No. 4875

FILED NOV 25 1946

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:  
324 WEST 46TH 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 33 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 324 WEST 46TH STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. THOMAS BOONE MARTIN

3. (b) If veteran, name war No  
3. (c) Social Security No. 440-18-5800

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. HELMA ELAINE MARTIN  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased MARCH 23 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation ASSOCIATE

11. Industry or business J. A. BRUENING COMPANY

12. Name THOMAS BENTON MARTIN

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

14. Maiden name MARY ESTHER HERRIN

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

16. (a) Informant MRS. HELMA ELAINE MARTIN

(b) Address 324 WEST 46TH STREET

17. (a) BURIAL (b) Date thereof NOV 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 11-16-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 14 TH  
year 1946 hour 6 minute 33 P. M.

21. I hereby certify that I attended the deceased from Feb. 1946 19\_\_ to Nov 14, 1946 19\_\_  
that I last saw him alive on Nov. 1946 19\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic glomerular nephritis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autops Chronic & Autopsy

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) (c) Means of injury \_\_\_\_\_

23. Signature O. J. E. M. D. (M. D. or other) \_\_\_\_\_

Address 1109 Piny Bldg Law Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

---

---

**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.....

*Bernard L. Horan*

Licensed Embalmer No.....

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.**