

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3104

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 99 DAYS  
(Specify whether  
In this community 21 YRS.  
years, months or days)

3. (a) PRINT

FULL NAME ELIZABETH ANDERSON MARTIN

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased SEPTEMBER 14, 1899  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 6 If less than one day hr. min.

9. Birthplace SHAW MISSISSIPPI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name BENNIE NEAL

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

14. Maiden name COURTNEY WILLIAMS

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

16. (a) Informant WILLIAM M. ANDERSON (SON)

(b) Address 815 1/2 E. 23RD. ST.

17. (a) Burial (b) Date thereof 7/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Pres.

(b) Address 1729 Lyden Avenue

19. (a) 7-23-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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.") 8  
(d) Street No. 2114 CHARLOTTE 2  
(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 20,  
year 1947 hour 11: minute 50 A. M.

21. I hereby certify that I attended the deceased from APRIL  
9, 1947 to JULY 20, 1947  
that I last saw her alive on JULY 20, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE

Due to HYPERTENSIVE TYPE OF HEART DISEASE

Due to GENERALIZED ARTERIOSCLEROSIS

Other conditions AMYOTROPHIC LATERAL SCLEROSIS  
(Include pregnancy within 3 months of death)

Major findings:

Of operations g/s

Of 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)  
\_\_\_\_\_ (Means of injury)

23. Signature [Signature] (M. D. or other) M.D.  
Address GENERAL HOSPITAL NO. 2 Date signed 7/21/47

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

MOTHER FATHER

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**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..... *James Malone*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**