

FILED NOV 29 1947 149
Registration District No. _____

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 11/18-11/20/47
(Specify whether years, months or days)
In this community About 25 years

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. 2711 East 24th Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Martin

3. (b) If veteran, name war None
3. (c) Social Security No. 498-20-6380

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Martin
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July - 4 - 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 4 16 _____ hr. _____ min.

9. Birthplace Kansas City No. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name Ben Martin

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

14. Maiden name Clara Holliday

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

16. (a) Informant Mrs. Lillian Martin

(b) Address 2711 E. 24th Terrace

17. (a) Burial (b) Date thereof 11/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Stuber Bills
(b) Address 1212 Vine St. Kansas City, Mo

19. (a) 11-22-47 (b) Therestine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1947 hour 9:00A minute _____ A. M.

21. I hereby certify that I attended the deceased from March 47 to Nov 20 1947
that I last saw him alive on Nov 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pharyngitis and ocularitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g.c.

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature J. M. Walsh (M. D. or other) _____

Address 1738 West Date signed 11/24/47

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.....

E. Sterling Bills

Licensed Embalmer No. 3178.....

P. O. Address 212 Vine St., 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.