

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4969

Primary Registration District No. 1002

Registrar's No. 596

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  
N. K. HOOP MAIN - ON STREET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 YEARS (Specify whether years, months or days)

In this community years, months or days

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")

(d) Street No. 1317 G. 49th STREET 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE WOLF MARTIN

3. (b) If veteran, name war WW #1

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY 7th  
year 1948 hour 9 minute 00 P.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. VERA E. MARTIN

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: Mch 16 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Crown, 19... to... 19...; that I last saw him alive on... 19...; and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 10 Days 21 If less than one day br. min.

Immediate cause of death: Skull fracture subdural hematoma

Due to: Extra cranial pressure scalp burn?

Due to: pulmonary embolism & anemia coronary atherosclerosis

Other conditions: (n.m.o.)

(Include pregnancy within 3 months of death)

9. Birthplace MIAMI COUNTY KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

Major findings: 1952

Of operations: 10

Of autopsy: yes as above

PHYSICIAN: Underline the cause of which death should be charged statistically.

11. Industry or business FOR SELF

12. Name ELIJAH A. MARTIN

13. Birthplace MORGAN CO INDIANA

14. Maiden name ROYCE COBLE

15. Birthplace MORGAN CO INDIANA

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Don't know 122

(b) Date of occurrence 2-7-48

(c) Where did injury occur? No Jackson Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1st. Funeral home apartment  
(Specify type of place)

While at work? no (e) Means of injury Trauma

23. Signature: James H. Holmes (M. D. or other) 2-9-48  
Address: 1424 1/2 N. 1st Date signed: 2-9-48

16. (a) Informant Mrs. Vera E. Martin  
(b) Address 1317 G. 49th St. KC

17. (a) Burial (b) Date thereof 2-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery  
D. N. Newcomer's home

18. (a) Signature of funeral director D. N. Newcomer's home  
(b) Address 1401 Brushy Creek Blvd.

19. (a) 2-10-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

APR 16 1948

MAR 17 1948

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Hanson City 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.