No. 2
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5-17-39

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8

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8822

FILED MAR 20 1948

Registration District No. 849

Primary Registration District No. 1002

Registrar's No. 974

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: 809 Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 30 Years

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. 809 Pacific 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Amanda Dale Martin

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Floyd Martin

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

7. Birth date of deceased March 29, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	28	..... hr. ..... min.

9. Birthplace Liberty, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business .....

FATHER
12. Name Elijah Dale
13. Birthplace Liberty, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Finley
15. Birthplace Excelsior Springs, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Dale
(b) Address 809 Pacific

17. (a) Burial (b) Date thereof 3/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director Stanley Bros
(b) Address 1729 Lydia Ave

19. (a) 3-2-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1948 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb. 27th, 1948, to Feb. 27th, 1948
that I last saw him alive on Feb. 27th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to .....

Due to .....

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

Major findings:
Of operations 830

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Chas E Brinson (M. D. or other) 0
Address 719½ Indep. Ave. Date signed 3-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Brisco

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: J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland Ave.

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.