

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12752
Registrar's No. 1910

Registration District No. 149

Primary Registration District No. 1002

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

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours
(Specify whether years, months or days)

In this community 45 years
(Specify whether 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. 3008 Wabash Avenue 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) no
If yes, name country _____

3: (a) PRINT FULL NAME Mary A. MARTIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1948 hour 8 minute 15 A.M.

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

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Harry L. Martin

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: January 1, 1881
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to Right - Spontaneous

Other conditions: 8:30
(Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 4 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace: Spring Fork, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Peter Seifner

13. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Resuch

15. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry L. Martin

(b) Address 3008 Wabash Ave., K.C., Mo.

17. (a) Burial (b) Date thereof 5-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylan

(b) Address Kansas City, Missouri

19. (a) 5-3-48 Steraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Deputy Coroner

Of operations _____

Of autopsy See Above

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) _____
Cause of injury _____

23. Signature A. E. Upsher (M. D.) M.D.
Address 2850 Main Date 5/2/48

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.....

Alvin E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas 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.