

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19576  
Registrar's No. 2424

FILED JUN 19 1948/49  
Registration District No. \_\_\_\_\_

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:  
GENERAL HOSPITAL NO. 2 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 34 DAYS  
In this community 25 YRS.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME JERRY MARTIN  
3. (b) If veteran, name war no  
3. (c) Social Security No. 486-07-8275

4. Sex MALE 2 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife REACIE MARTIN  
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JANUARY 3, 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 3  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace COLLIVILLE TENNESSEE  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

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

MOTHER FATHER { 12. Name JOHN MARTIN

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

14. Maiden name JENNIE TAYLOR

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

16. (a) Informant REACIE MARTIN (WIFE)

(b) Address 1609 WOODLAND

17. (a) Burial (b) Date thereof June 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Jarvis D. Meek

(b) Address 1708 E. 15th St

19. (a) 6-9-48 (b) Steadline Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 47  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1609 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6,  
year 1948 hour 5: minute 15 A. M.

21. I hereby certify that I attended the deceased from MAY  
13, 1948, to JUNE 6, 1948;  
that I last saw him alive on JUNE 6, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF CARDIAC  
END OF STOMACH WITH METASTASIS  
TO LIVER

Due to 2. GENERALIZED ARTERIOSCLEROSIS

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations \_\_\_\_\_

Of autopsy SAME AS ABOVE

Duration  
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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 6/7/48

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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. 15  
working under my personal supervision.

Signed Fannie L. Meek

Licensed Embalmer No. 3818

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.**