

S. No. 300  
OM - 10-47  
ev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32999  
State File No. 4195  
Registrar's No.

FILED NOV 4 1948  
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, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
GENERAL HOSPITAL # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 days (Specify whether years, months or days)  
In this community 40 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. 2118 Wabash (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME LULA MARTIN  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex FEMALE  
5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife Thomas Martin  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased DECEMBER 25th 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 17 If less than one day hr. min.

9. Birthplace NEBRASKA CITY NEBRASKA (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name JACKSON GORDON

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

14. Maiden name MARGARET - unknown

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

16. (a) Informant DAUGHTER: PEARL HILL

(b) Address 2118 Wabash

17. (a) Burial (b) Date thereof 10/18/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 17219 [Address]

19. (a) 10-15-48 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 12 year 1948 hour 4:25 minute P. M.  
21. I hereby certify that I attended the deceased from Sept 10, 1948 to Oct 12, 1948 (that I last saw him alive on Oct 12, 1948 and that death occurred on the date and hour stated above.)

Immediate cause of death:  
1. BILATERAL BRONCHOPNEUMONIA  
2. ARTERIOLAR NEPHROSCLEROSIS  
3. HYPERTENSION WITH HYPERTROPHY OF THE HEART

Due to:  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy SAME AS ABOVE

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) (a) Means of injury E. Frank  
23. Signature [Signature] (M. D. or other) E. Frank  
Address [Address] Date signed

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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.....  
working under my personal supervision.

Signed.....

*D. J. Manlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*2503 Highland*

**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.**