

FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40251

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5287

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME George H. Martin

3. (b) If veteran,

name war None

3. (c) Social Security No.

Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years7. Birth date of deceased Feb. 3 1873
(Month) (Day) (Year)8. AGE: Years 75 Months 10 Days 22 If less than one day
hr. min.9. Birthplace Memphis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business

12. Name Unknown 9.13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)16. (a) Informant Leo A. Saunders(b) Address 2623 Cleveland: K. C. Mo.17. (a) Removal (b) Date thereof 12-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memphis, Missouri18. (a) Signature of funeral director Weilert Funeral Home(b) Address 6900 Troost Avenue: K. C. Mo.19. (a) 12-28-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 402 1/2 E. 15 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1948 hour 9 minute 10 P.M.21. I hereby certify that I attended the deceased from
Dec. 10 48 to Dec. 25 48
that I last saw him alive on Dec. 25 48
and that death occurred on the date and hour stated above.Immediate cause of death Generalized arteriosclerosis-
Arteriosclerotic heart disease
Chronic pulmonary fibrosis, etiology
unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy None

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?

Wm. W. Hart
While at work? (Specify type of place) (c) Means of injury23. Signature Wm. W. Hart M. D. or other
Address Med. Dir. Gen'l Hosp. 12-27-48
Date signed

Be
W. C. 10/24/04

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..... *Blaine E. Weiler*
..... Licensed Embalmer No. *4075*
..... P. O. Address *K.C. 8, 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.