

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30438

3713

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 5.5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 2208 Kensington			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) J. c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1949				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 11, 1871	
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 7 Days 16		11. IF UNDER 24 HRS. Hours 16 Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cement Finisher		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Kankakee, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John B. Martin			13b. MOTHER'S MAIDEN NAME Georgia Nean		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Amanda White, 2208 Kensington KCMo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES DUE TO (b) Chronic hypertensive heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Generalized arteriosclerosis 331X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 23, 1949 , to Aug 27, 1949 , that I last saw the deceased alive on Aug 27, 1949 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Claude C. Farley <i>Claude C. Farley M.D.</i>				23b. ADDRESS 4301 Main, K.C. Mo		23c. DATE SIGNED 8/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 30th, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 8-29-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGibley-Eylar		ADDRESS Kansas City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

Martin

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 _____

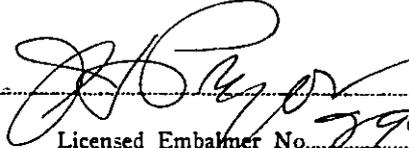
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed.....


Licensed Embalmer No. 29999

P. O. Address _____
KC

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: