

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41217**  
Registrar's No. **5135**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>4118 Holly</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RODNEY</b>	b. (Middle) <b>D.</b>	c. (Last) <b>MARTIN</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>12 2 49</b>

5. SEX <b>Ma.</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-25-1919</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Station Utility</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tex. Em. Pipe Line</b>	11. BIRTHPLACE (State or foreign country) <b>Wakarusa, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm. B. Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Cora E. Trotter</b>	14. NAME OF HUSBAND OR WIFE <b>Glendene E. Martin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes U.S. Navy</b>	16. SOCIAL SECURITY NO. <b>487-12-7614</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Glendene E. Martin</b>	ADDRESS <b>4118 Holly KC Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignancy Rt Testicle</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>5 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Leading to metastasis of Brain and</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Carcinomatosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>178X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **August, 1949**, to **Dec 2, 1949**, that I last saw the deceased alive on **Dec 2, 1949**, and that death occurred at **6:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl R. Knox</b> (Doctor or title)	23b. ADDRESS <b>730 Prof. Bldg.</b>	23c. DATE SIGNED <b>12-4-49</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-4-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bunceton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-4-49</b>	REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Wagner</b>	ADDRESS <b>K.C. Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEF 1-7-1940

11-2-52  
Kans.

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 Alvin R. Haunsche

Licensed Embalmer No. 4159

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.