

FILED APR 21 1950

STANDARD CERTIFICATE OF DEATH

13122

State File No.

1660

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give town or township) **Kansas City** c. LENGTH OF STAY (In this place) **non resident**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Joseph Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) **Independence** *0484*

d. STREET ADDRESS (If rural, give location) **1325 N. Pleasant** *11*

3. NAME OF DECEASED

a. (First) **LELAND** b. (Middle) **IGNATIUS** c. (Last) **MARTIN**

4. DATE OF DEATH **April 5, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **August 2, 1906** 9. AGE (In years last birthday) **43** Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machine Operator**

10b. KIND OF BUSINESS OR INDUSTRY **Rupert Diecasting.**

11. BIRTHPLACE (State or foreign country) **Marceline, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Geo. Henry Martin** 13b. MOTHER'S MAIDEN NAME **Catherine Kennedy** 14. NAME OF HUSBAND OR WIFE **Dorothy Martin Indep.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **499-09-6036**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Dorothy Martin** ADDRESS **Indep. Mo.**

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Death from crushing injuries of chest + abdomen caused by wheel of truck*

ANTECEDENT CAUSES DUE TO (b) *Fract.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **88124**
25

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Rupert Die Casting Co. Kansas City, Jackson, Mo.** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **123**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **4-5-50** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Ran over by truck.**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. C. Kealhofer** (Degree or title) **Yes C. Kealhofer, M.D. Lepidol Carver's** 23b. ADDRESS **3447 Road of SC Des** 23c. DATE SIGNED **4-6-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 10, 1950** 24c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cem.** 24d. LOCATION (City, town, or county) (State) **Indep. Mo.**

DATE REC'D BY LOCAL REG. **4-8-50** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. Mitchell** ADDRESS **Indep. Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

NO. 1030

STATE

NO. 1030

DEPARTMENT

OF HEALTH

INDUSTRIAL

LABOR

DATE

TIME

PLACE

NAME

OF

DEPARTMENT

OF

HEALTH

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

INDUSTRIAL LABOR

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

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 3156

P. O. Address Indio 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.