

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13123

FILED APR 21 1950

State File No. 1592

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>1592</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) <u>2 days</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>                                       |  | d. STREET ADDRESS (If rural, give location) <u>3019 E 8th</u>                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3019 E 8th</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>3019 E 8th</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>WILLIAM</u>   |  | b. (Middle) <u>THOMAS</u>   |  | c. (Last) <u>MARTIN</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1950</u>                        |  |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar.</u>  |  | 8. DATE OF BIRTH <u>Mar 22 1868</u>  |  |
| 9. AGE (In years last birthday) <u>82</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Schoolteacher</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Wiley Martin</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Louisa Denny</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>-</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>-</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Lindquist 3019 E 8th</u>   |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrary Oclusionism.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Gen. Ant. Sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Jellulation?</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>28 hrs</u><br><u>Yrs.</u><br><u>1/201</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.   |  | 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 <u>2 April, 1950</u> , to <u>4-3, 1950</u> , that I last saw the deceased alive on <u>2 Apr</u> , 1950 and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE <u>Robert M. Myers MD</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>1025 Quail Bend</u>   |  | 23c. DATE SIGNED <u>4 Apr 50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>   |  | 24b. DATE <u>4-5-1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>   |  | 24d. LOCATION (City, town, or County) (State) <u>Kansas City Mo.</u>             |  |
| DATE REC'D BY LOCAL REG. <u>4-9-50</u>   |  | REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G.H. Blackman &amp; Son, Inc Kansas City Mo.</u>  |  |  |  |

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

*W. R. and M. W.  
Practicum Bldg*

**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.

Signed *E. M. Janner*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address 2825 IND. AVE. K

**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.