

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16862**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2015</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. 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 Years		a. STATE Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 905 East 9th. Street		b. COUNTY Jackson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 905 East 9th. Street	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Warren	b. (Middle) Tilden	c. (Last) Martin	Month 5	Day 1	Year 1950	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-30-1876		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Standard Laundry		11. BIRTHPLACE (State or foreign country) Tipton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Columbus Martin		13b. MOTHER'S MAIDEN NAME Mollie Davis		14. NAME OF HUSBAND OR WIFE Beryl D. Martin			
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. 496-26-5702-A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beryl D. Martin, 905 East 9th. St.			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		15 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Arterio Sclerosis			
				DUE TO (c)		331X	
				II. OTHER SIGNIFICANT CONDITIONS		5 days	
				Conditions contributing to the death but not related to the disease or condition causing death. Died in Coma			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. 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)			
				Kansas City Jackson Mo			
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			
22. I hereby certify that I attended the deceased from Mar 18, 1950 , to May 1, 1950 , that I last saw the deceased alive on April 30, 1950 , and that death occurred at 5 1/2 m. , from the causes and on the date stated above.							
23a. SIGNATURE John G. Lapp (Degree or title) M.D.				23b. ADDRESS 1314 Professional Bldg		23c. DATE SIGNED May 1 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-1950	24c. NAME OF CEMETERY OR CREMATOR Masonic		24d. LOCATION (City, town, or county) (State) Tipton, Missouri		
DATE REC'D BY LOCAL REG. 5-2-50		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

V19335

1:30 to 4:30

Pres Body

1314

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.....

Joe B. Yoder

..... Licensed Embalmer No. *4173*

Signed.....

..... Student Embalmer

..... P. O. Address *K.C. 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.