

No. 300
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FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23149**
3084

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3084	
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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 3132 Central			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) D.		c. (Last) MARTIN III	
4. DATE OF DEATH (Month) (Day) (Year) July 16, 1951					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 26, 1874	
9. AGE (In years last birthday) 77		# UNDER 1 YEAR Months Days		# UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John Hancock Martin		13b. MOTHER'S MAIDEN NAME Mary Jeffries Linn		14. NAME OF HUSBAND OR WIFE Edna Martin, dec.	
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR ADDRESS Mrs. T. C. Lawson, Belton, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aty pncd 2 be			INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DUE TO (b) _____ 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Large cancerous lesion in lung.		20. AUTOPSY? YES <input checked="" 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 May 19, 1951 , to July 16, 1951 , that I last saw the deceased alive on July 15, 1951 , and that death occurred at 6 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE R. Paul Wright		23b. ADDRESS 10-12 C 1324 Prof. Bldg. Kansas City		23c. DATE SIGNED July 19, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/19/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 7-20-51		REGISTRAR'S SIGNATURE Geraldine Holmes		ADDRESS STINE & McCLURE, Kansas City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

~~Dr. St...~~

~~Resurrection~~

R-2032

Dr. Paul Wright
Ref. [Signature]

1324

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 Gerald A. Burger

Licensed Embalmer No. 4763

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.