No. 300
10.48

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27058

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3291

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 58 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1172 E 66th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
d. STREET ADDRESS (If rural, give location): 1172 East 66th Street

2078

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WARD
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): July 29. 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT-17-1892
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Central Laundry
10b. KIND OF BUSINESS OR INDUSTRY: Laundry 1415 Central K.C.
11. BIRTHPLACE (State or foreign country): KANSAS City Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: JOHN MARTIN
13b. MOTHER'S MAIDEN NAME: MARY McPHERSON
14. NAME OF ~~HUSBAND~~ OR WIFE: Elizabeth MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: 510-07-8091
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Martin — ADDRESS: 1172 E 66th Street Kansas City Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Adeno Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 30 mon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinoma Recto Sigmoid
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 154h

19a. DATE OF OPERATION: 1-13-1949
19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma Recto Sigmoid Colon
20. AUTOPSY? NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8, 1949, *to* 7-29-51, 19__, *that I last saw the deceased alive on* 7-29, 1951, *and that death occurred at* 4:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. C. Schaerrer (Degree or title): W. C. Schaerrer M.D.
23b. ADDRESS: 830 Professional Bldg. K.C. Mo.
23c. DATE SIGNED: 7-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-1-1951
24c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 8-1-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: O.W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

Office Home - 2-5

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

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.