

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30348
3964

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

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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 26 years		d. STREET ADDRESS (If rural, give location) 519 W. 11th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nora	b. (Middle)	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1951
---	-------------	------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 5 1916	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) Underwriter		10b. KIND OF BUSINESS OR INDUSTRY Hawkins Ins. Co.		11. BIRTHPLACE (State or foreign country) Waynesboro Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Martin	13b. MOTHER'S MAIDEN NAME Alice G. Brown	14. NAME OF HUSBAND OR WIFE None
-------------------------------------	---	-------------------------------------

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. 496-09-0049	17. INFORMANT'S SIGNATURE OR NAME Miss Lulu Martin	ADDRESS 519 W. 11th St 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis Due to Intestinal Perforation, from obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-11-51 to 9-14-51</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute suppurative inflammation of the small intestine</u>		
	DUE TO (c) <u>Congenital Abnormality</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Hysterectomy</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal perforation at peritonitis 9562</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 8-24, 1951, to 9-14, 1951, that I last saw the deceased alive on 9-14, 1951, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE A. B. Linville DO (Degree of title)	23b. ADDRESS <u>207 612 12th Walnut Bldg. Kansas City, Mo.</u>	23c. DATE SIGNED <u>9-14-51</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>SEPT-17-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-17-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer's Sons</u>	ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u>
--	--	---	---

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

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.....
Student Embalmer

Signed *Raymond F. Liberman*

Licensed Embalmer No. *4266*

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.