

FILED JAN 2 1953

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42359**
5535
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
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) **664 1/2 yrs**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **General Hospital No. 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** 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) **3210 Guinotte**

3. NAME OF DECEASED (Type or Print)
a. (First) **Abel** b. (Middle) _____ c. (Last) **Martin**
4. DATE OF DEATH (Month) **12** (Day) **15** (Year) **52**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH **9-9-1888** 9. AGE (In years last birthday) **64** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Brewery Worker** 11. BIRTHPLACE (State or foreign country) **KC Mo** 12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **George Martin** 13b. MOTHER'S MAIDEN NAME **Louise Martin** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **486-07-7091** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Nelson Price** ADDRESS **4105 E 66th**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Emaciation**
*This does not mean the mode of dying, such as heart failure, asthma, 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) **Carcinoma of piriform sinus**
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 _____ 20. AUTOPSY? YES 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) _____ 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 **August 20, 1952**, to **Dec. 15, 1952**, that I last saw the deceased alive on **Dec. 15, 1952**, and that death occurred at **1:40A** m., from the causes and on the date stated above.

23a. SIGNATURE **B. I. Burns MD** (Degree or title) 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **12-15-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-18-52** 24c. NAME OF CEMETERY OR CREMATORY **St Marys** 24d. LOCATION (City, town, or county) (State) **KC Mo**

DATE REC'D BY LOCAL REG. **12-17-52** REGISTRAR'S SIGNATURE **Geraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **John B. ...** ADDRESS **15 c. mo**

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

Ba 0022

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John L. [Signature]*

Licensed Embalmer No. *4973*

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.