

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35983**  
**4771**

**FILED NOV 2 - 1953**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>60 yrs.</b>		3458	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		d. STREET ADDRESS (If rural, give location) <b>2815 Holly</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Charles</b>	b. (Middle)	c. (Last) <b>Martin</b>	<b>4. DATE OF DEATH</b> (Month) <b>9</b> (Day) <b>29</b> (Year) <b>1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 15, 1890</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 1 YEAR</b> Days	<b>IF UNDER 1 HR.</b> Hours	<b>IF UNDER 1 HR.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Cement Co.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Birmingham, Alabama</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Charles Martin</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Hannah Maddock</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Jennie Martin</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>487-03-4783</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Betty Ashley</b>	<b>ADDRESS</b> <b>1218 Olive</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary embolism</b>			
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>Cardiac Hypertrophy &amp; dilatation.</b>		<b>4345</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 9-26-53, 19  , to 9-29-53, 19  , that I last saw the deceased alive on 9-29-53, 19  , and that death occurred at 2:05 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>R. Frank Ellis</b>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>600 East 22nd Street</b>	<b>23c. DATE SIGNED</b> <b>10-2-53</b>
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<b>24a. BURIAL CREMATION (REMOVAL) (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>10/3/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woodland Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Kansas</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>10-3-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Steraldine Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>W. B. ...</i>	<b>ADDRESS</b> <b>18th &amp; Benton</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bruce L. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.