

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

8812

State File No. _____

No. 300
10-48

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1015

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>4437 Bellefontain</u>	
c. LENGTH OF STAY in this place <u>6 1/2 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>FRANCIS</u>	b. (Middle) <u>ANTHONY</u>	c. (Last) <u>MARTIN</u>	<u>March 5, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6, 1888</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Alarms Electric Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>	
13a. FATHER'S NAME <u>Joseph Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Ellen Yates</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha MARTIN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>487-26-5292</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Official Records, Kansas City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

18. CAUSE OF DEATH		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
Antecedent Causes							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							
Conditions contributing to the death but not related to the disease or condition causing death.							

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
<u>VA</u>					

22. I hereby certify that I attended the deceased from February 23 1954, to March 5, 1954, ~~and that death occurred at _____ m., from the causes and on the date stated above.~~

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>THOMAS J. RANKIN, M.D.</u>		<u>VA Hospital, Kansas City, Mo.</u>		<u>3/5/54</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>MAR 6 1954</u>		<u>MEMORIAL PARK CEMETERY</u>		<u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>3-6-54</u>		<u>Geraldine Smith</u>		<u>DR. Newcomer Sons 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert E. Hannon*

Licensed Embalmer No... *48*

P. O. Address... *A. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.