

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27518**

FILED SEP 7 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3920**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp.		d. STREET ADDRESS (If rural, give location) 1429 So. 29	

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) E. c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. I, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
11. BIRTHPLACE (City and State or Foreign Country) Owensberg Ky.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John C. Holden		13b. MOTHER'S MAIDEN NAME Elizabeth Gallavan	14. NAME OF HUSBAND OR WIFE Richard Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. J. Holden Hartford, Ks.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Cerebral arteriosclerosis Hypertensive heart disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 13 days 443X
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **8-2**, 19**54**, to **8-15**, 19**54**, that I last saw the deceased alive on **8-15**, 19**54**, and that death occurred at **9:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE E. G. Neighbor (Degree or title) M.D.		23b. ADDRESS 1420 St. 42nd K.C. Kan		23c. DATE SIGNED 16 Aug 54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug. 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
				24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	

DATE REC'D BY LOCAL REG. 8-16-54		REGISTRAR'S SIGNATURE Yvonne Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons K.C.K.	
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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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address K.C.K.

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.