

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13518**
1499
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2124 Tracy Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 or 6 years** (Specify whether years, months or days)
In this community **5 or 6 years**

3. (a) PRINT FULL NAME **James W. Marton**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **Negro**
6. (b) Name of husband or wife **Mary Morton** 6. (c) Age of husband or wife if alive **Don't know** years
7. Birth date of deceased **April 9 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **-** Days **5** If less than one day hr. min.

9. Birthplace **Cole County MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Paper Hanger & Printer**

12. Name **Andrew Marton**

13. Birthplace **Missouri** (State or foreign country)

14. Maiden name **Harriet Bentz**

15. Birthplace **Cole County MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Jarvis**

(b) Address **2124 Tracy Ave**

17. (a) **Burial** (b) Date thereof **4-17-14**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Wm. M. Corwin**

(b) Address **1925 Vine St**

19. (a) **Apr 15 1941** (b) **M. M. Corwin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2124 Tracy Ave**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1941** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw _____ alive on _____
and that _____ on the date and hour stated above.
Immediate cause of death _____
Duration _____

Acute pulmonary edema
Hypertrophy and dilatation of heart
Other conditions (include pregnancy within 6 months of death) **no**
Major findings: Of operations **95C**
Of autopsy **95C**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (Specify means of injury)

23. Signature **Wm. M. Corwin** (M. D. or other) **3**
Address **1925 Vine St** Date signed _____

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

18
3
8

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. H. West*

Licensed Embalmer No. *2710*

P. O. Address *Kansas City,*

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.