S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20785
Registrar's No. 2315

FILED JUL 7 1941

Registration District No. 399 Primary Registration District No. 1002

048 3 8

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: 1627 Summit (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 50 Yrs. In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1627 Summit 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Wm. C. Martin
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: Male 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Nov. (Month) 16 (Day) 1870 (Year)
8. AGE: Years 70 Months 6 Days 28 If less than one day ____ hr. ____ min.
9. Birthplace: Aberdene (City, town, or county) Scotland (State or foreign country)
10. Usual occupation: Dairyman
11. Industry or business:
12. Name (Father): Unknown
13. Birthplace (Father): Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: John C. Martin
(b) Address: 1432 Madison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood K.C.Mo.
19. (a) 6/17/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 6 day: 14-41 year: ____ hour: ____ minute: 9:30 P M.
21. I hereby certify that I attended the deceased from: Wiseauty to: Crowe, 19____; that I last saw him alive on: ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration
Due to: Hypertensive Myocardi
Due to: Chronic Stenosis
Other conditions (Include pregnancy within 3 months of death): 9 2a
Major findings: Of operations: 9 2b
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury: 2 0
23. Signature: [illegible] (M. D. or other)
Address: Kcm Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Ricks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.