No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1341

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 140

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 511 North College Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 63 Yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 511 North College Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 63 Yrs. 0 years.

3. (a) PRINT FULL NAME Mrs. Louise MARTIN.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Florantine Martin
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased August (Month) 13th (Day), 1849 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 92 | 4 | 26 | ____ hr. ____ min. |

9. Birthplace Paris (City, town, or county) 5 France (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Not Known
13. Birthplace (City, town, or county) 5 France (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) 5 France. (State or foreign country)
16. (a) Informant Mrs Alice Earley
(b) Address 511 North College Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery.
18. (a) Signature of funeral director Mellody-McGilley
(b) Address K.C.Mo.
19. (a) 1-12-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day ~~[illegible]~~ 9th year 1942 hour 6 30 minute P.M.
21. I hereby certify that I attended the deceased from Jan 3-1942, 19__, to Jan 9 — 1942, that I last saw her alive on Jan 8th 1942, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death cardiac failure Hypertensive Heart Disease | |
| Due to cachexia 93 H | |
| Due to [illegible] decubiti | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| 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
23. Signature R. Paul Wright M.D. (M. D. or other)
Address St. Joseph's Hosp. Date signed 1-11-42

(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.....

Licensed Embalmer No. 2999

P. O. Address.....

**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.**