

FILED APR 8 1942 399

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: **R.C. General Hospital No. 1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**

In this community **12 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson 048**

(c) City or town: **Kansas City**

(d) Street No.: **4900 So. Benton**

(e) Citizen of foreign country? (Yes or No) **0**

3. (a) PRINT FULL NAME: **LELLA MARTIN**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**

year **1942** hour **1** minute **20 A.M.**

21. I hereby certify that I attended the deceased from:

3-28-42, 19, to **3-30-42**, 19.

that I last saw **her** alive on **3-30-42**, 19.

and that death occurred on the date and hour stated above.

4. Sex: **Female**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife: **Cyrus Lee Martin**

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **May 12 - 1863**

Immediate cause of death: **ruptured duodenal ulcer with peritonitis**

Due to: **11762**

Due to: **11762**

Other conditions: _____

Major findings: _____

Of operations: _____

Of autopsy: **See above**

8. AGE:

Years	Months	Days	If less than one day
78	10	18	hr. _____ min. _____

9. Birthplace: **Ohio**

10. Usual occupation: **at home**

11. Industry or business: _____

12. Name: **Robert Sinner**

13. Birthplace: **Ohio**

14. Maiden name: **Margaret Blackburn**

15. Birthplace: **Ohio**

16. (a) Informant: **Robert Martin**

(b) Address: **4900 South Benton**

17. (a) Burial (b) Date thereof: **Apr 1 - 1942**

(c) Place: burial or cremation: **Raymore mo**

18. (a) Signature of funeral director: **Mrs. C. K. Foster**

(b) Address: **918 Brooklyn**

19. (a) 3-31-42 (b) **M. M. Crowe**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: **Wm. R. Thon**

Address: **Med. Dir. K.C. Gen. Hospital**

Date signed: _____

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

1838

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 me

Registered, Apprentice No. _____

working under my personal supervision.

Signed

Denzil C. Browning

Licensed Embalmer No.

2724

P. O. Address

H. A. Mo

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.