. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20365-

Registration District No. 399 Primary Registration District No. 1002 + Registrar's No. 2606

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: St Luke Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 5 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20

(c) City or town El Dorado Springs Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTIN WILLIAM S

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evla Martin

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 18 (Month) 1862 (Day) (Year)

8. AGE: Years 79 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Banker

11. Industry or business

FATHER
12. Name Martin William C
13. Birthplace N. C. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Davis
15. Birthplace Ill. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Dr. F. M. Martin

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Springs

18. (a) Signature of funeral director Gwynn - Biders

(b) Address El Dorado Springs Mo.

19. (a) 7-7-42 (Date received local registrar) (b) M. M. Howe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1942 hour 8 minute 35 a M.

21. I hereby certify that I attended the deceased from June 30 1942 to July 4 1942 that I last saw him alive on July 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Fibrosis of Lung. Chronic Asthma

Due to Sinus infection

Other conditions (Include pregnancy within 3 months of death) 104 B

Major findings:
Of operations

Of autopsy

Duration

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 H. P. Bangham (M. D. or other) M.D.

Address 1116 Prof. Bldg. K.C. Mo. Date signed 7/4/42

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(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

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 O. B. Sider

Licensed Embalmer No. 3250

P. O. Address Redwood Springs

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.