S. No. 2
M—5-42
v. 5-17-39
I _X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39990
State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4844

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community 55 Years

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. 1119 East 34th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME MISS. MARTHA SALINA TALBOTT
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 16 (Day) 1856 (Year)
8. AGE: Years 86 Months 0 Days 9 If less than one day hr. min.
9. Birthplace St. George, (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation Retired
11. Industry or business Restaurant Operator
FATHER 12. Name Francis Talbott
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Minear
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Victor B. Powell
(b) Address 1121 East 34th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri
19. (a) Dec. 27 1942 (Date received local registrar) (b) W. H. Evans (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25th year 1942 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 21 1942 to Dec 25 1942 that I last saw h. alive on Dec 25 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia Duration 1 wk
Due to Chr. Myocarditis 4 yrs
Due to a Senility 9 yr
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 J. V. Dell (M.D. or Coroner)
Address 1122 Professional Bldg. Date signed 12/26/42

(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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missouri

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.