

FILED MAY 1943  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1886

1. PLACE OF DEATH: Jackson  
(a) County: Kansas City  
(b) City or town: Kansas City  
(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: 1 mo. 2 days  
In this community: 32 years (Specify whether years, months or days)

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.: 3500 Broadway (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT THOMAS HALTON MARTIN  
FULL NAME

MEDICAL CERTIFICATION

3. (b) If veteran, No name war  
3. (c) Social Security No. 487-03-3182

20. DATE OF DEATH: Month: April day: 20th  
year: 1943 hour: 5:00 minute: P. M.

4. Sex: Male 5. Color or race: wh  
6. (a) Single, widowed, married, divorced: Sgl  
6. (b) Name of husband or wife: XX  
6. (c) Age of husband or wife if alive: XX years  
7. Birth date of deceased: October 25 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19 19.30. to Apr 22 19.43  
that I last saw h. alive on 4-20 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	5	25	hr. min.

Immediate cause of death: Shock, renal following leg amputation  
Due to: ? 61  
Due to: \_\_\_\_\_

9. Birthplace: Murray Ky.  
(City, town, or county) (State or foreign country)

Other conditions: Diabetes, gangrene  
(Includeregnancy within 3 months of death)  
Major findings: Amputation of gangrene

10. Usual occupation: Salesman

11. Industry or business: Simon-Wiles Buick

12. Name: Thomas Franklin Martin

13. Birthplace: Franklin Tenn.  
(City, town or county) (State or foreign country)

14. Maiden name: Sallie Caroline Powner

15. Birthplace: Paris Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary Martin

(b) Address: Fulton, Kentucky

17. (a) Removal (b) Date thereof: 4-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fulton, Kentucky

18. (a) Signature of funeral director: J. W. Wagner  
(b) Address: Kansas City, Mo.

19. (a) 4-21-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature: J. B. Bach (M. D. or other)  
Address: 924 Puff Bluff Date signed: 4/21/43

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

11-5481  
924 Proof by

**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.**