

Registration District No. 177

Primary Registration District No. 1602

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

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:  
5836 Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 55 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. 5836 Grand  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Martha C. Embry  
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 4th  
year 1943 hour 2:30 minute A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Rev. William H. Embry  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased February 29 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 23  
1943, to May 4, 1943  
that I last saw her alive on May 3, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
91 2 65 hr. min.

Immediate cause of death chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions general arterio-sclerosis  
(Include pregnancy within 3 months of death)  
sclerosis

10. Usual occupation at home  
11. Industry or business X

Major findings:  
Of operations no operation  
Of autopsy no autopsy

MOTHER FATHER

12. Name Vardimen Judy  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucile Allen  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

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) (a) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. William F. Smith  
(b) Address 5836 Grand, Kansas City, Mo.  
17. (a) Burial (b) Date thereof 5-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cemetery  
18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 5-4-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature The Rev. Valentine (M. D. or other)  
Address 1103 Grand Ave Date signed May 4 1943

Dr. Herbert Valentine



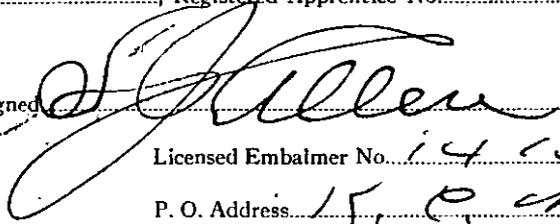
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**STATEMENT BY LICENSED EMBALMER**

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. 1415

P. O. Address. 15, P. O. Box

**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.**