

FILED SEP 26 1943  
Registration District No. 449

Primary Registration District No. 1002

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 Remove 815 1/2 Gladstone  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** BEN F. MARTIN

**3. (b) If veteran,** name war none

**3. (c) Social Security No.** NO. unk.

**4. Sex** MALE

**5. Color or race** WHITE

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

**6. (b) Name of husband or wife** MYRTLE MARTIN

**6. (c) Age of husband or wife if alive** 63 years

**7. Birth date of deceased** June 24 - 1879  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
64	2	17	hr. _____ min.

**9. Birthplace** Columbia MO  
(City, town, or county) (State or foreign country)

**10. Usual occupation** mining

**11. Industry or business**

**12. Name** John Martin

**13. Birthplace** Columbia MO  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary Murphy

**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Myrtle Martin

**(b) Address** 815 1/2 Gladstone

**17. (a) (Burial, cremation, or removal)** Remove

**(b) Date thereof** 9-12-43  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Pitches Cella

**18. (a) Signature of funeral director** Ritter

**(b) Address** 2657 Grand Ave

**19. (a)** 9-12-43 **(b)** J. E. Brown, Dep  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Jackson

(c) City or town K.C. MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 815 1/2 Gladstone  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

**20. DATE OF DEATH:** Month Sept day 11 11-43  
year 1943 hour 9 minute 15 M.

**21. I hereby certify that I attended the deceased from** Aug 7 1943 to Sept 11 1943  
that I last saw him alive on Sept 10 1943  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocardial Infarction **Duration** 9 months

**Due to** Cardiac Hypertension **3 months**

**Due to** Cardiac dilatation **10 months**

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 9302

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

**23. Signature** M. H. Keeler (M. D. or other) \_\_\_\_\_

**Address** 1701 Jackson Ave **Date signed** 9/11/43

**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

*J. L. Walton*

Licensed Embalmer No.

*2744*

P. O. Address

*N. C. 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, above space should be left blank.**