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2-43  
17-39  
X25897

FILED FEB 7 1944  
Registration District No. 7300

Primary Registration District No. 5104

State File No. \_\_\_\_\_

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Rural (Tom) Mo  
(c) Warsaw (outside city or town limits, write "RURAL" and name of township)  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Rural (Tom) (If outside city or town limits, write "RURAL")  
(d) Street No. Warsaw Mo (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME W<sup>M</sup> Ernest Martin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male Color or Race Wn 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Dec 4 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Albert Martin

13. Birthplace \_\_\_\_\_ (City, town, or county) Germany (State or foreign country)

14. Maiden name Mary (Mrs) Knowlton

15. Birthplace \_\_\_\_\_ (City, town, or county) No Record (State or foreign country)

16. (a) Informant Ernest Martin

(b) Address K.C. Mo

17. (a) Removal (b) Date thereof 1-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Kansas City, Mo.

18. (a) Signature of funeral director N. P. Louis Funeral Home  
(b) Address K.C. Mo.

19. (a) Jan 18 1944 (b) Jas. A. Logan  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17  
year 1944 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from Jan. 10, 1944 to Jan. 17, 1944  
that I last saw him alive on Jan. 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (chronic) Duration 1 yr.

Due to Influenza

Due to \_\_\_\_\_

Other conditions (includes pregnancy within 3 months of death) 93d

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? \_\_\_\_\_

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

23. Signature Ernest Martin (M.D. or other) DO  
Address Warsaw Mo Date signed 1/18/44

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

MOTHER FATHER

MAR 1 1944

RECEIVED

District Health Officer No. 7,

District No. 1-44-17

Date 2-2-44

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..... *A. L. Lewis* .....

Licensed Embalmer No. 3110

P. O. Address K.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, fact should be so stated above.