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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20751

Registrar's No. 2649

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grenotte & Cleveland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 3114 Grenotte (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Benito Martinez

3. (b) If veteran, name war no

3. (c) Social Security No. 702-16-0054

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife unk

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

7. Birth date of deceased March (Month) 21, (Day) 1909 (Year)

8. AGE: Years 35 Months 3 Days 1 If less than one day hr. min.

9. Birthplace El Paso (City, town, or county) Texas (State or foreign country)

10. Usual occupation Labor

11. Industry or business Mo pacific R.R.

FATHER
12. Name Leandro Martinez
13. Birthplace Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Cuniqua
15. Birthplace Mexico (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Soliz

(b) Address 504 N Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K.C. Mo

19. (a) 6-24-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous subarachnoid hemorrhage

Due to

Due to 83a!

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

Duration

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 A. E. Upsher (M. D. or other) MD

Address 23rd & McCoy Date signed 6/22/44

(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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed Jos. K. Tegeman

Licensed Embalmer No. 2744

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.