V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

Registration District No. 1419

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26915

Primary Registration District No. 1002

Registrar's No. 3418

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: 1232 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1232 Washington
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Burt Martin
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: unknown
4. Sex: M
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: unknown.
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov. 18, 1883 (Month) (Day) (Year)
8. AGE: Years 60 | Months 9 | Days 0 | If less than one day ____ hr. ____ min.
9. Birthplace: Atchison (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
FATHER 12. Name: Hiram Martin
13. Birthplace: Richmond, Virg. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Hardgrove
15. Birthplace: Monmouth, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Sussie Arcourt
(b) Address: 1609 Wyandotte
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn Cem.
18. (a) Signature of funeral director: H. Tigerman & Sons
(b) Address: K. C. Mo.
19. (a) 8-19-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1944 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19__, to ____ 19__; that I last saw h__ alive on ____ 19__; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death: Acute Carbon Monoxide
Due to: Poisioning
Due to: Burning Gas Burner
Other conditions (Include pregnancy within 3 months of death): 178C
Major findings: Of operations: 14
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): Accident
(b) Date of occurrence: August 18, 1944
(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury: Gas
23. Signature: A. E. Upsher (M. D. or other)
Address: 23 McCoy Date signed: 8/19/44

(Licensed Embalmer's Statement on Reverse Side)

361

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 J. K. Regeman

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 with the above constitutes grounds for revocation of license.)

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