. S. No. 2
0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1? 1945

Registration District No. 73

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13157

Primary Registration District No. 5291

Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Liberty Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Odd Fellows Home Liberty Mo. 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years (Specify whether years, months or days)

In this community 6 Years

2. USUAL RESIDENCE OF DECEASED: 47

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 4046 Garfield (If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Martha Ann Eylar

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Walter B. Eylar

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

7. Birth date of deceased: Nov. (Month) 28 (Day) 1872 (Year)

8. AGE: Years 72 | Months 4 | Days 26 | If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

FATHER 12. Name: Smith

FATHER 13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name: Larkin

MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: John O. Eylar

(b) Address: 4032 Garfield K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery - K.C. Mo

18. (a) Signature of funeral director: Eylar Funeral Home

(b) Address: 1800 Linwood Blvd. K.C. Mo

19. (a) April 25-45 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1945 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 2, 1942 to April 24, 1945 that I last saw h. ex alive on April 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: General Arteriosclerosis 10 yrs

Due to: Diabetes 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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: Burton Malley (M. D. or other) M.D.

Address: Liberty Mo Date signed: 4-25-45

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/11/45

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address Kansas City 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.