V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 15966

Registrar's No. 2003

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
19th & allen 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3# Mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Stockton 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. ~~#City#~~ Rural
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Silas Martin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Feb (Month) 8th (Day) 1875 (Year)

8. AGE: Years 70 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marion Martin
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Hamby
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Martin
(b) Address 628 Pyle, Kansas City, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Missouri

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City Mo.

19. (a) 5-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5
year 1945 hour 11 40 minute a M.

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

Immediate cause of death Fracture of skull

Due to Suicide

Due to 186a.5

39

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No Permit
History & Inspection

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) Suicide 123

(b) Date of occurrence 5-5-45

(c) Where did injury occur? 19th Allen K.C. Jackson, mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature James C Walker (M.D. or other) Corner

Address 1424 Jefferson Bldg Date signed 5-7-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas E. Weeks

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.