

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 89

Registration District No. 150 Primary Registration District No. 5572

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural, Harrison
(c) Name of hospital or institution: Jackson County Emergency Hosp.
(d) Length of stay: In hospital or institution 3 weeks
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 310 - W. College St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Matilda Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 28
year 1945 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 4 to June 23, 1945

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4 1864

that I last saw her alive on June 25, 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Asthma ac - compensating malnutrition Duration _____

8. AGE: Years 80 Months 10 Days 27 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Madison County, Missouri
10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Adolph Warren
13. Birthplace N. Carolina
14. Maiden name Margaret Ann James
15. Birthplace S. Carolina

16. (a) Informant Mr. Carl Anderson
(b) Address 420 E. 12th - K. C. Mo.
17. (a) Burial (b) Date thereof June 30 1945
(c) Place: burial or cremation Woodlawn

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(a) Means of injury _____

18. (a) Signature of funeral director Atty Mitchell
(b) Address Independence Mo.
19. (a) June 28-45 (b) J. M. Schick

23. Signature F. W. Tuttle (M. D. or other) MD
Address Blue Springs Mo Date signed 6/28/45

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address.....

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.