S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1247

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 282

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: 111 S. Bellaire
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 111 S. Bellaire 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARTHA H. CHARLES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 1

5. Color or race White

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased Feb. 26, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	20	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name William Dempsey
13. Birthplace ..... (City, town, or county) Ky. (State or foreign country) 1

MOTHER
14. Maiden name Polly Neil
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Mrs. E. H. De Late

(b) Address 111 S. Bellaire

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 1-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16th
year 1946 hour 9 minute 15A M.

21. I hereby certify that I attended the deceased from July 23, 1945, to Jan 16, 1946
that I last saw her alive on Jan. 16, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensated myocarditis	2 weeks
Due to	
Due to Essential Hypertension	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 95C 2
Of autopsy

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 0

23. Signature J. J. Porsik (M. D. or other) DO

Address 5402 St. John Date signed 1/17/46

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....R D Blackman.....

Licensed Embalmer No.....36-39.....

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.