

S. No. 2
OM-5-43
v. 5-17-39
I X36671

State File No.....

Registrar's No.....

FILED JUN 3 1946

Registration District No. 149

Primary Registration District No. 1002

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1228 Dunford Circle
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Nancy Bell Marty

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife J. Q. Marty

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

7. Birth date of deceased February 5 1891.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>14</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation at home,

11. Industry or business no.

MOTHER FATHER

12. Name Victor B. Bell

13. Birthplace Maine
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Leckridge

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Jemuel Marty

(b) Address 1228 Dunford Circle, K. C., Mo.

17. (a) burial (b) Date thereof 5-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 7:50 minute P.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE Intestinal OBSTRUCTION WITH gangrene of Small Bowel

Duration 1 1/2 days

Due to Old postoperative adhesions years

Other conditions 1228
(Include pregnancy within 3 months of death)

Major findings: As above

Of operations _____

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. no.)
Address [Signature] Date signed 70 May

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

Dr. Wheeler, John
Prof. Bldg.,

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 *J. C. Mc*
Licensed Embalmer No. *4179*
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.