

FILED SEP 3 1946
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3565**

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: **Research**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Two (2) days**
(Specify whether years, months or days)
In this community **17 yrs.**

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. **3731 East 28th Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ELLISON MARTIN**

3. (b) If veteran, name war **XX NO** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Betty Muriel** 6. (c) Age of husband or wife if alive **32** years
7. Birth date of deceased **August 10 1914**
(Month) (Day) (Year)

8. AGE: Years **45** Months **0** Days **6** If less than one day
hr. min.

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

10. Usual occupation **Barber**

11. Industry or business **Broadway Barber Shop**

MOTHER FATHER { 12. Name **Noah Martin**
13. Birthplace **unknown Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Elizabeth McGee**
15. Birthplace **unknown Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Betty Muriel Martin**
(b) Address **3731 East 28th Street**
17. (a) **burial** (b) Date thereof **8-19-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **BENTLEY MORTUARY**
(b) Address **5811 Troost**
19. (a) **8-18-46** (b) **Alfredine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **16** year **1946** hour **11:45** minute **11** P. M.

21. I hereby certify that I attended the deceased from **Aug 13**, 19**46** to **Aug 16**, 19**46** that I last saw him alive on **Aug 16**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchogenic carcinoma**
secondary to

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **HTC**
Of autopsy **same as above**

Duration

4

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 **Robert McClinton** (M. D. or other) **8/18/46**
Address **1124 Professional Bldg** Date signed **8/18/46**

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

26083

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 Dustin L. Pepler

Licensed Embalmer No. 4225

P. O. Address Indep 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.