

No. 2
1-5-43
5-17-39
I X36671

FILED NOV 6 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4483

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:
4116 Warwick Boulevard /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
48 years)

In this community no.
years, months or days)

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. 4116 Warwick Boulevard,
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME William Henry Martin

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1946 hour no. minute A. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Annie Hawkins Martin

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

7. Birth date of deceased March 15 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 3, 1946 to October 24, 1946
that I last saw him alive on October 3, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>7</u>	<u>9</u>	hr. min.

Immediate cause of death occlusion, coronary artery - unobstructed

Due to arteriosclerosis, gen. 3 years

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

10. Usual occupation Teacher

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

Major findings: 94R

11. Industry or business X

12. Name Bailey Martin

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

14. Maiden name Martha Davis

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

Of autopsy no.

PHYSICIAN no.

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Annie Hawkins Martin

(b) Address 4116 Warwick Blvd., K. C., Mo.

17. (a) burial (b) Date thereof 10-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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? _____

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

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

19. (a) 10-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury no.

23. Signature James H. Jarrin (M. D. or other)
Address Lawrence City, Mo. Date signed 10-24-46

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

MOTHER FATHER

Prof. Building

Dr. Jarvis

APR 13 1948

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address R.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.