S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1946

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37085

State File No.

Primary Registration District No. 1002

Registrar's No. 4631

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution: June 1946-10-31-46 (Specify whether)

In this community: 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 4222 Harrison 8
(If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: Mary F Martin

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles H. Martin

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

7. Birth date of deceased: March (Month) 21 (Day) 1870 (Year)

8. AGE: Years 76 Months 7 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county): Iowa (State or foreign country) 1

10. Usual occupation: House wife

11. Industry or business: Home

FATHER
12. Name: Charles I. Green
13. Birthplace (City, town, or county): Ohio (State or foreign country) 1

MOTHER
14. Maiden name: Olive Haining
15. Birthplace (City, town, or county): Ohio (State or foreign country) 1

16. (a) Informant: William Martin
(b) Address: 4222 Harrison K.C. Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Joseph Missouri

18. (a) Signature of funeral director: R. P. Fulton
(b) Address: 1319 No 18th K.C. Kans

19. (a) 11-4-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 46 hour 6 PM minute M.

21. I hereby certify that I attended the deceased from June 46, 19, to October 31, 1946 that I last saw her alive on Oct. 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration

Due to: Generalized Carcinomatosis

Due to:

Other conditions (Include pregnancy within 3 months of death): 4/10 b

Major findings: Of operations: Carcinoma of ovary

Of autopsy: Ca of stomach primary

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: Pope Crawford (M. D. or other)

Address: 221 Pl. Mad Bldg Date signed: 11/2/46

(Licensed Embalmer's Statement on Reverse Side)

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 F. M. Swisher

Licensed Embalmer No. 3505

P. O. Address Kansas

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.