

FILED JAN 13 1947
Registration District No. 197

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 45 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Caro C. Martin
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 married
6. (b) Name of husband or wife Orville H. Martin
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 23 hr. min.

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

10. Usual occupation at home, (State or foreign country)

11. Industry or business X

12. Name John H. Taylor

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

14. Maiden name Brenda Cushing (City, town, or county) (State or foreign country)

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

16. (a) Informant Orville H. Martin
(b) Address 3411 E. Coleman Road, K. C., Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-30-46 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3411 E. Coleman Road 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1946 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 11-15, 1946, to 12-27, 1946
that I last saw him alive on Dec. 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident. Duration

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 836
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) (e) Means of injury 0

23. Signature H. Stalder (M. D. or other)
Address 1406 Bryant Bldg. Date signed 12-30-46

Dr. Sophian

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..... *H.C. Jm*

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.