

FILED JAN 15 1947

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural (Prairie Twp.)

(c) Name of hospital or institution: Jackson County Home for Aged
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 19 1/2 mo 21 da
(Specify whether years, months or days) 6 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 318 1/2 East 12
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MEARL MARTIN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug 31 - 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14, year 1946 hour 4 minute 45P. M.

21. I hereby certify that I attended the deceased from 9 Dec to 14 Dec, 1946
that I last saw h.i.m. alive on 13 Dec, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

10. Usual occupation Photo Finisher

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

83A

16. (a) Informant Records Jackson Co Home

(b) Address Independence Mo RR 4

17. (a) Burial (b) Date thereof 12-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Em KC

18. (a) Signature of funeral director N.B. Langford

(b) Address Lee's Summit Mo

19. (a) 12-17-46 (b) Donald C. Casuslaw
(Date received local registrar) (Registrar's signature)

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 D

23. Signature G. Saunders (M. D. or other) MS

Address Indep Mo Date signed 12-16-46

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

39791

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.....

H. B. Langford

Licensed Embalmer No.

3833

P. O. Address.....

Lees Summit mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.