

FILED MAY 5 1947

Registration District No. 22

Primary Registration District No. 5291

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Clay Liberty Twp

(b) City or town Liberty Twp

(c) Name of hospital or institution: The Home

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty

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

(d) Street No. Rt 3 (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH C MARTIN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color of hair white

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

6. (b) Name of husband or wife J.P. (But) Martin

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

7. Birth date of deceased Feb 23 1861

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 15 1947 to April 3 1947.

That I last saw her alive on April 3 1947 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>1</u>	<u>17</u>	hr. min.

Immediate cause of death Cancer of breast metastasized

Duration 3 1/2 years probable

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Kansas City Mo

(City, town or county) (State or foreign country)

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

Major findings: 50

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Chas. M. Brown

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Pauline Dackey

15. Birthplace Germany

(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. O.K. Newby

(b) Address Oakwood Park North, Kansas City

17. (a) Burial (b) Date thereof Apr 11 1947

(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Fairview Church, Liberty Mo

18. (a) Signature of funeral director Chas. M. Brown

(b) Address Liberty Mo

19. (a) April 11 1947 (b) Missouri Haynes

(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) (c) Means of injury ✓

23. Signature Clifford Jackson (M. D. or other) MD

Address Liberty Mo Date signed 4/10/47

RECEIVED

District Health Department

District File Number

Date Filed 5-2-47

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.....

John P. Zambora....., Registered Apprentice No. 400,  
working under my personal supervision.

Signed Edgar Archer.....

Licensed Embalmer No. 3311.....

P. O. Address Liberty, 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.