

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 29 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17526**  
Registrar's No. **2218**

Registration District No. **149** 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: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo. 2 days**  
In this community **52 YEARS**  
years, months or days (Specify whether)

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. **5232 MONTGALL AVENUE**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Ferd Martin**  
(b) If veteran, name war **No**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **18**  
year **1947** hour **4** minute **22 A.M.**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from **April 16** 19**47** to **May 18** 19**47**.  
that I last saw him alive on **May 18** 19**47**.  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Prostatic hypertrophy with acute pyelonephritis**  
**Terminal bronchopneumonia**

7. Birth date of deceased **NOVEMBER 23 1867**  
(Month) (Day) (Year)  
8. AGE: Years **79** Months **5** Days **25** If less than one day hr. min.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **INDEPENDENCE MISSOURI**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy **See above**

10. Usual occupation **WATCHMAN**  
11. Industry or business **CITY HALL**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER } 12. Name **COPSEY D. MARTIN**  
13. Birthplace **VIRGINIA**  
(City, town, or county) (State or foreign country)  
14. Maiden name **DE MARIS MORMON**  
15. Birthplace **OHIO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS PAUL G BRAUER**  
(b) Address **5232 MONTGALL AVENUE**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) **BURIAL** (b) Date thereof **MAY 20 1947**  
(Burial, cremation, or removal) **WOOD LAWN CEMETERY**  
(c) Place: burial or cremation **INDEPENDENCE MISSOURI**

(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 **O. W. Newcomer's Sons**  
(b) Address **1401 BRUSH CREEK BLDG.**

While at work? (Specify type of place)  
(e) Means of injury

19. (a) **5-20-47** (b) **Aeraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **Wm. H. Hart** (M. D. or other) **MD**  
Address **Med. Dir. Gen'l Hosp.** Date signed **5-19-47**

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

*Dr. J. J. Miller*

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**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 *Melvin Miller*

Licensed Embalmer No. *4407*

P. O. Address *Kansas City 3rd*

**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.**