

FILED DEC 26 1947
Registration District No. **149**

Primary Registration District No. **1002**

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

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 building or institution **3433 CAMPBELL STREET**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 YEARS**
(Specify whether years, months or days)

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. **3433 CAMPBELL STREET**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **FRED J. MARTIN**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **11011**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. ALLIE MARTIN**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **MARCH 23rd 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	17	

9. Birthplace **PLATTSBURG, N. Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED MERCHANT**

11. Industry or business **DAVID MARTIN**

12. Name **DAVID MARTIN**

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

14. Maiden name **unknown**

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

16. (a) Informant **Allie Martin**

(b) Address **3433 Campbell**

17. (a) **BURIAL** (b) Date thereof **DEC 12 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. H. Newman's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **12-12-47** (b) **Staldine Holmes**
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **10th** year **1947** hour **7** minute **30 P** M.

21. I hereby certify that I attended the deceased from **6-26-46** to **10-10-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Other conditions (Include pregnancy within 3 months of death) **74a**

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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 **P. M. Myers** (M. D. or other) **M.D.**
Address **1025 Platts Bldg** Date signed **11/24/47**

1025
12-5

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 Prokopy

Registered Apprentice No. 504

working under my personal supervision.

Signed *Elmer Foster*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.