

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgewick</u>	
b. CITY OR TOWN <u>Wichita</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Wichita</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1206 Central 3</u>		d. STREET ADDRESS (If rural, give location) <u>1414 Fairmount 2</u>	
3. NAME OF DECEASED a. (First) <u>James</u> (Type or Print)		b. (Middle) <u>S.</u>	
c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 14, 1894</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>	11. BIRTHPLACE (State or foreign country) <u>Medicine Lodge Kans.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James S. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Martin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen J. Martin</u> ADDRESS <u>4147 Fairmount</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration Rt Jugular Vein &amp; Carotid. Laceration</u> ANTECEDENT CAUSES DUE TO (b) <u>fr. wrist all tendons</u> DUE TO (c) <u>IV vessels cut</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E. 977</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Inspection</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1206 Central KE Jackson MO 3</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 - 49 1:15 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>slashed throat &amp; wrist 3</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Hugh H. Owens</u> (Doctor or Other)		23b. ADDRESS <u>1034 Quail to Blvd</u>	
23c. DATE SIGNED <u>1-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wichita Kansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Wichita Kans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. ...</u> ADDRESS <u>KE Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-22-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

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

48  
38

FEB 25 1949

MAR 6 1959

FEB 24 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. S. Walton.....

Licensed Embalmer No. 2744.....

P. O. Address R. C. 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.