

FILED-MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7755

No. 300
10.48

24

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

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4989 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Gallatin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>55yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.4 North Kansas City Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Catherine</u> b. (Middle) <u>Ann</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH <u>March 5, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 20, 1872</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>X</u> Days <u>X</u>	IF UNDER 24 HRS. Hours <u>X</u> Min. <u>X</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Irvin Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rufs Hamilton</u>	
13b. MOTHER'S MAIDEN NAME <u>Unetta Knight</u>		14. NAME OF HUSBAND OR WIFE <u>George Clinton Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Laurene Mc Intyre</u>		ADDRESS <u>R.4 Noth K.C.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis and</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>U44X</u> Interval <u>Several</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 24, 1949</u> , to <u>Mar 4, 1949</u> , that I last saw the deceased alive on <u>Mar 4, 1949</u> , and that death occurred at <u>12:58</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl D. Hoover M.D.</u>		23b. ADDRESS <u>North Kansas City</u>	
23c. DATE SIGNED <u>Mar 9, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 9 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>	
DATE REC'D BY LOCAL REG. <u>Mar 9-1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>		ADDRESS <u>North Kansas City Mo.</u>	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-15-49

MAR 26 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 *Theron O Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City, 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.