

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16863
2217

| | | | | | | | |
|---|----------------------------------|--|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | |
| c. LENGTH OF STAY (in this place) <u>28 yrs.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>750 North Montgall</u> <u>3048</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>750 North Montgall</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> | | | b. (Middle) <u>V.</u> | | c. (Last) <u>MARTINY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>5-23-91</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Western Ptg. Mch. Wks.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joseph Martiny</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Schlichter</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary C. Martiny</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>186-26-9706</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary C. Martiny, 750 N. Montgall, KC, Mo.</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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac De-compensative failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Generalized Arteriosclerosis.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5-6 yrs</u> <u>2</u> <u>443X</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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>7-4, 1949</u> , to <u>5-14, 1950</u> , that I last saw the deceased alive on <u>7-13, 1950</u> and that death occurred at <u>2 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. M. Haight</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>3401 E 12th K.C. Mo</u> | | 23c. DATE SIGNED <u>5-15-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-16-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>5-15-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar, Kansas City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Er. J. M. Harpold
3401 E. 12th St.
Be. 4822
In Office after 1:30

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Max W Kirkendall

Licensed Embalmer No. 4632

P. O. Address F. U. M/O

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.