

THE DIVISION OF HEALTH OF MISSOURI
FILED OCT 21 1950 STANDARD CERTIFICATE OF DEATH

State File No. 33614
4152

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 40 YEARS		d. STREET ADDRESS (If rural, give location) 6811 INDIANA AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6811 INDIANA AVENUE		d. STREET ADDRESS (If rural, give location) 6811 INDIANA AVENUE	

3. NAME OF DECEASED (Type or Print) JOHN O MARTIN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) SEPT-30-1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR-28-1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SYRS-PACKER	10b. KIND OF BUSINESS OR INDUSTRY FURNITURE	11. BIRTHPLACE (State or foreign country) UNKNOWN KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARTIN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE OLLIE MARTIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS OLLIE MARTIN 6811 INDIANA AVENUE KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis Heart	ANTECEDENT CAUSES DUE TO (b) Disease		4250
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Pain in Chest before Death		
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 Created for heart at General Hospital	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 8:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Swens (Degree or title)	23b. ADDRESS 1234 Brush Creek Bldg	23c. DATE SIGNED 10-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-3-1950	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 10-2-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1231 BRUSH CREEK BLVD. KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *John E. Frakwig*
Licensed Embalmer No. *4483*

P. O. Address *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.