

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1543**
Registrar's No. **158**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 420 East 73rd Terrace		d. STREET ADDRESS (If rural, give location) 420 East 73rd Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) KAREN b. (Middle) (None) c. (Last) MARTINSON			4. DATE OF DEATH (Month) (Day) (Year) JAN 12 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1 October 1858		9. AGE (In years last birthday) 94		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) OSLO, NORWAY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 18 HRS. Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) OSLO, NORWAY	
13a. FATHER'S NAME (Unknown) BENSON		13b. MOTHER'S MAIDEN NAME (Unknown)		14. NAME OF HUSBAND OR WIFE HANS MARTINSON	
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 MRS. MARGARET FULLER	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 June 1952 to Jan 12, 1953, that I last saw the deceased alive on Jan 8, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Harry C. Wall (Degree or title) MD		23b. ADDRESS 205 Apple Bldg		23c. DATE SIGNED Jan 12, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN 14 1953		24c. NAME OF CEMETERY OR CREMATORY ALPENA MICHIGAN	
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DATE REC'D BY LOCAL REG. 1-13-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Dr Newcomer ADDRESS 1321 Broad Street, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Charles H. Steikney

Licensed Embalmer No. 4560

P. O. Address 110 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.