

DEC 12 1939
Registration District N 8703

Primary Registration District No. 5129

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry Emanuel Martin 635

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married or divorced married

6. (b) Name of husband or wife Etta Martin 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 22, 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name William Martin

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Martin

(b) Address Naylor, Mo.

17. (a) Burial (b) Date thereof Oct 22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealing

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) Oct 23 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1939 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 16, 1939 to Oct 21, 1939;
that I last saw him alive on Oct 21, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to hypertension
Due to g.f.v.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence ✓
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Stew Little (M. D. or other) 1
Address Naylor Mo Date signed _____
While at work? _____ (Specify type of place) (e) Means of injury _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Bryan C. McCord

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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, above space should be left blank.