

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.

Registration District No. **169** Primary Registration District No. **4098** Registrar's No. **48**

1. PLACE OF DEATH: **2**
 (a) County **Chariton**
 (b) City or town **Brunswick**
 (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
 years, months or days)
 In this community _____

3. (a) PRINT FULL NAME **EUGENE H. MARTIN 63.5**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Frances** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 2, 1927**
 (Month) (Day) (Year)

8. AGE: Years **52** Months **5** Days **24** If less than one day hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business **Radios & Electrical Supply**

12. Name **Green B. Martin**
 13. Birthplace **Paris, Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Agnesavenport**
 15. Birthplace **Buone Co., Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Wm. E. H. Martin**
 (b) Address **Brunswick, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 28-1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick, Mo.**

18. (a) Signature of funeral director **L. W. Oberhel**
 (b) Address **Brunswick, Mo.**

19. (a) **Dec. 27, 1939** (b) **H. E. Johnson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
 (a) State **Missouri** (b) County **Chariton**
 (c) City or town **Brunswick**
 (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 **Dec** day **26-1939**
 year **1939** hour **2 Pm** minute _____ M.
 21. I hereby certify that I attended the deceased from **Dec 26**
1939, to **Dec 26**, 19**39**;
 that I last saw him alive on **Dec 26**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Shot gun wound** Duration _____
in 9th intercostal space
in man's line, directing upward
 Due to **Suicide**
 Due to **Self inflicted**
#12 shot gun.

Other conditions (Include pregnancy within 3 months of death) **167**
 Major findings:
 Of operations _____
 Of autopsy **examined.**

22. If death was due to external causes, fill in the following:
 (a) ~~suicide~~, suicide, or homicide (specify) **Suicide**
 (b) Date of occurrence **Dec 26-1939**
 (c) Where did injury occur? **his store.** (City or town) (County) (State)
 (d) Did injury occur in or about home, ~~workplace, industrial place, in public place~~

While at work? **Electric shop** (Specify type of place) (e) Means of injury _____
 23. Signature **W. H. Johnson** (M. D. or other)
 Address **Salisbury, Mo.** Date signed **12/26/39**

RECEIVED
District Health Officer No. 2
District File Number 1/5/40
Date Filed

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.....

L. M. Merrill

Licensed Embalmer No. 822

P. O. Address.....

Brunswick, N.C.

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.