MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED MAR 14 1940

8363
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard Registration District No. 840
(b) Township Duck Creek Primary Registration District No. 6102 Registered No. 9
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis A. Martin
(a) Residence, No. Stoddard-Co-Mo-Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. ~~SINGLE, MARRIED~~, WIDOWED, OR DIVORCED (*write* the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1877
7. AGE YEARS 62 MONTHS 6 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crockett Co. Tenn.

FATHER
13. NAME Henry Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Will Martin Previous

18. BURIAL, CREMATION, OR REMOVAL
PLACE Iron Cem. DATE 2-20 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Funeral Home

20. FILED 2-20 1940 DeMaris Dysart Depter Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1940 to Feb 18 1940
I last saw him alive on Feb 6 1940 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Paralysis
Bulbs Type

Date of onset

Other contributory causes of importance:
Cancer or Mandarin

Name of operation ✓ Date of ✓
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. L. Elmore, M. D.
(Address) Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14023

RECEIVED
District Health Officer No.
District File Number 340 - 70
Date Filed 3/13/4

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, Virgil H. Helck, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Virgil H. Helck

Licensed Embalmer No. 4102

P. O. Address Dexter, 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.