

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
911 N. Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 911 N. Franklin  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1940 hour about 4 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
Dead on my arrival  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
barbitic acid  
Due to taking the acid  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 162

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nelson Martin 625  
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 Lynda Standfest 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased April 8 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 1 6  
hr. \_\_\_\_\_ min.

9. Birthplace Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Dan Franklin Martin  
13. Birthplace Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Webb  
15. Birthplace Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Linda Martin  
(b) Address 911 N. Franklin

17. (a) Burial (b) Date thereof 5-16-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Wood Cemetery

18. (a) Signature of funeral director Davis Funeral Home  
(b) Address Kirksville, Missouri

19. (a) May 14, 1940 (b) Spencer L. Deavers  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence May 14, 1940  
(c) Where did injury occur? Kirkville admi mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

3 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5  
28. Signature L. W. Davis D.O. coroner  
(M.D. or other)  
Address Kirkville, mo. Date signed 5-15-40

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

MAY 2 1945

RECEIVED

District Health Officer No. 10

District File Number 6-40-1266

Date Filed JUN 13 1940

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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 Harold A. Hegal

Licensed Embalmer No. 4076

P. O. Address Kirksville,

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.