No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21029

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 163

1. PLACE OF DEATH:
(a) County Adair 1
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
0
(a) State Missouri (b) County Callaway
(c) City or town Auxvasse, Mo
(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.

3. (a) PRINT FULL NAME Roy 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, divorced Married
6. (b) Name of husband ~~or wife~~ Ava Martin
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 11 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
43	1	25	hr. min.

9. Birthplace Schuyler Co Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Trucker 0
11. Industry or business 0

MOTHER FATHER
12. Name Wm Martin
13. Birthplace Schuyler Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Angie Craig
15. Birthplace Schuyler Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ava Martin
(b) Address Auxvasse Mo.
17. (a) Fugate Cemetery (Burial, cremation, or removal) (b) Date thereof July 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Burial - Fugate Cemetery
18. (a) Signature of funeral director Morehead
(b) Address Lancaster Mo
19. (a) July 8, 1940 (Date received by local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1940 hour 11:00 minute P.M.
21. I hereby certify that I attended the deceased from July 3rd, 1940 to July 6, 1940, that I last saw him alive on July 6th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General peritonitis	7-2-40
Due to Ruptured appendix	7-2-40
Due to acute appendicitis from	6-30-40

Other conditions (Include pregnancy within 3 months of death) 121

Major findings:
Of operations Ruptured retrocecal appendix
Pus in abdomen
Of autopsy

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? 3
While at work? (Specify type of place) (e) Means of injury
23. Signature George E. Grim (M. D. or other) MD
Address Kirksville, Mo Date signed 7-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-40-1445
Date Filed JUL 15 1940

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 True & Minnie Morehead, Registered Apprentice No. working under my personal supervision.

Signed Morehead's

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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.