

FILED AUG 10 1940

No. 2
1-10-39
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24872

State File No. _____

Registration District No. 171Primary Registration District No. 4100Registrar's No. 20

1. PLACE OF DEATH:

- (a) County Chariton
 (b) City or town Keytesville Mo
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township) 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community at his home
 years, months or days _____

3. (a) PRINT FULL NAME JOHN MARTIN 135

3. (b) If veteran, name war no
 3. (c) Social Security No. 104-12-7179

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

6. (b) Name of husband or wife John Mrs Martin
 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec 25 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 2 hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business none

12. Name Richard Martin

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

14. Maiden name Emma Jones

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

16. (a) Informant John Mrs Martin

- (b) Address Keytesville Mo

17. (a) Burial (b) Date thereof July 29 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Keytesville Mo

18. (a) Signature of funeral director Robert Smith

- (b) Address Keytesville Mo

19. (a) 7-29-40 (b) Mrs Ray Sanders
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Chariton
 (c) City or town Keytesville
 (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 July day 27
 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 25 1938 to July 27 1940
 that I last saw him alive on July 27 1940
 and that death occurred on the date and hour stated above.

- Immediate cause of death Ch. endocarditis

- Due to arterio-sclerosis

- Due to _____

- Other conditions 92W
 (Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations _____

- Of autopsy _____

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? _____

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 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Carl C. Heuser (M. D. or other) _____

- Address Keytesville, Mo Date signed 7/29/40

Duration

withknowwithknowwithknow

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-7-40

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 *H. D. Larnett*
Licensed Embalmer No. 3046
P. O. Address *Keytraville, 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.