

Registration District 10

Primary Registration District No. 4179

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Francis S. Martin

3. (b) If veteran, name war No 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 Matilda Martin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 5th. 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months I Days I4 If less than one day hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Augustus Martin
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Whitmire
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Matilda Martin

(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9.22.1940
(Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director J.T. Williams

(b) Address Sullivan, Mo.

19. (a) 9-21-40 (Date received local registrar) (b) Chactor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th. year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 15 1940, to Sept 19 1940 that I last saw him alive on Sept 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
& paralysis of right side
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: None
Of operations _____
Of autopsy None

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? _____
While at work? 9:33 (Specify type of place) (e) 23 cans of injury.

23. Signature Chactor (M. D. Chactor)
Address Sullivan Date signed 9/21/40

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

660

RECEIVED OCT 10 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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed J. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.