

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

NOV 21 1940

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

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Huntsville Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community all his life (Specify whether years, months or days)

8. (a) PRINT FULL NAME David Martin

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Swiss 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased: (Month) 3- (Day) 15 (Year) 1891

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace: (City, town, or county) K.Y. (State of foreign country) _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Martin 9
 18. Birthplace K.Y. (City, town, or county) (State or foreign country)
 14. Maiden name David Martin

15. Birthplace David Martin (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. M. Poe
 (b) Address Mokey 1940

17. (a) Burial (b) Date thereof 10-13-1940 (Month) (Day) (Year)
 (c) Place: burial or cremation Hughes Ave

18. (a) Signature of funeral director B. C. Nipper
 (b) Address Blairville Mo

19. (a) Dec-18-1940 (Date received local registrar) (b) Mrs. D. A. Bauhart (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
 (c) City or town Huntsville (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1940 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 15 1939 to Oct 11 1940 that I last saw him alive on Oct 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arterio-sclerosis Duration 1 yr.

Due to _____ Duration _____

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

Major findings: 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 _____
 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? Yes
 (Specify type of place) _____ (e) Means of injury _____

23. Signature P. V. Gray M.D. (M. D. or other) _____
 Address Huntsville Mo Date signed 10/12/40

RECEIVED

District Health Officer No. 10

District File Number 11-40-2057

Date Filed NOV 8 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.