DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43401

Registration District No. 653 Primary Registration District No. 4380 Registrar's No. 160

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti (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 (Specify whether years, months or days) 2

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti (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 Albert Martin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 56 | Months | Days | If less than one day hr. min.

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

10. Usual occupation farmer 0

11. Industry or business farming 0

FATHER
12. Name Sameul Martin 0
13. Birthplace New Madrid Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Keyster
15. Birthplace Stoddard Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. J. Cunningham

(b) Address Hayti Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti Mo.

19. (a) 12/31/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-30 day 1940 year hour 3 minute 30 pm M.

21. I hereby certify that I attended the deceased from December 21, 1940 to Dec 30, 1940 that I last saw him alive on Dec 30 1940, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate Gland

Due to Not Determined

Due to

Other conditions (Include pregnancy within 3 months of death) 51

Major findings:
Of operations
Of autopsy

Duration

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? 9 40 (Specify type of place)

While at work? (e) Means of injury

23. Signature Fred L. Ogilvie (M. D. or other) 1

Address Caruthersville Mo Date signed 12/31/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-41-15

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.