

**JAN 25 1943**  
Registration District No. **5**

Primary Registration District No. **3034**

Registrar's No. **247**

88  
6  
3

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

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution:  
537 Stagedood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 2

3. (a) PRINT FULL NAME Charles Edward Martin  
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 S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 12<sup>th</sup> 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_ 0

11. Industry or business \_\_\_\_\_ 0

MOTHER FATHER { 12. Name Charles Martin 0  
13. Birthplace \_\_\_\_\_ (City, town, or county) Mo (State or foreign country)

14. Maiden name Mary Jasper  
15. Birthplace \_\_\_\_\_ (City, town, or county) Mo (State or foreign country)

16. (a) Informant Charles Martin  
(b) Address Moberly

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

(c) Place: burial or cremation Moberly Mo  
18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) Nov 29-40 (Date received local registrar) (b) Peak Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 537 Stagedood  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27<sup>th</sup> year 1940 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Nov 22 1940 to Nov 27 1940 that I last saw him alive on Nov 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 5 da  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy No

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? 925  
(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Ed Smith (M. D. or other) \_\_\_\_\_  
Address Moberly Mo Date signed 11/29/40

RECEIVED

District Health Officer No. 10

District File Number 1-41-158

Filed JAN 16 1941

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.