

No. 2
4-13-40
-17-39

MAR 11 1941

85

Primary Registration District No. **1001**

Registrar's No. **244**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2908 North Seventh
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

3. (c) PRINT FULL NAME Andrew Washington Martin

3. (b) If veteran, name war none
 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Anna
 6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased January 24 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>3</u>	<u>hr.</u> <u>min.</u>

9. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tramway Worker

12. Name Abraham C. Martin

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Waddle

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Martin
 (b) Address St. Joseph, Missouri

17. (a) removal (b) Date thereof March 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver, Colorado

18. (a) Signature of funeral director Walter Meierhoff
 (b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 3-3-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2908 North Seventh
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
 year 1941 hour 9 minute 50 p. M.

21. I hereby certify that I attended the deceased from 12/18/40
 to 2/27/41
 that I last saw him alive on 2/27/41
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Neck
12/18/40
 Due to fall at home

Due to [Signature]
 Other conditions Arteriosclerosis Myocarditis Chorea
(Include pregnancy within 3 months of death)

Major findings:
 Of operations -
 Of autopsy none

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) Accident
 (b) Date of occurrence 12/18/40
 (c) Where did injury occur? St. Joseph Buchanan MO
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home inside of house
(Specify type of place)
 While at work? no (a) Means of injury fracture of neck
 Signature [Signature] (M. D. [Signature])
 Address 2624 St. Joseph Ave. Date signed 2/27/41

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

MOTHER FATHER

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 _____

Chas. Jester

Licensed Embalmer No. _____ Mo. 4154

P. O. Address St. Joseph, Missouri.

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, fact should be so stated above.