

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14100

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 130

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
412 West Fourth St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Charles Albert Marts

3. (b) If veteran, name war no 3. (c) Social Security No 497-07-3206

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annice Lee Marts 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov 19 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER
12. Name S. C. Marts
13. Birthplace Peru
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Mays
15. Birthplace Peru
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Marts

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Apr 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Geo H Wallace

(b) Address Fulton, Missouri

19. (a) April 29, 1941 (b) R. N. Crava
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 412 W. Fourth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1941 hour abt 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 1937, to April 28 1941,
that I last saw him alive on 41 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death asthma

Due to HTN
Due to

Other conditions chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
1015 (Specify type of place) While at work? (e) Means of injury

23. Signature Henry Dent (M. D. or other) Ch.D.
Address Fulton, Mo Date signed 4/28/41

Duration
± 3 yrs.
± 1 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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..... *Les B Wallace*

Licensed Embalmer No. *3373*

P. O. Address *Fulton 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, fact should be so stated above.