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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAY 13 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14361

State File No.

Registration District No. 1095 Primary Registration District No. 5310 Registrar's No.

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town South Moniteau  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution. None  
In this community Entire Life

3. (a) PRINT FULL NAME Albert Davis 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 Married  
6. (b) Name of husband or wife Anna L. Martin  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased February 9th. 1863

8. AGE: Years 78 Months 2 Days 0  
If less than one day hr. min.

9. Birthplace Cooper County Missouri

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Hill Martin  
13. Birthplace Kentucky  
14. Maiden name Suzanne Burriss  
15. Birthplace Kentucky

16. (a) Informant H. Theresa Martin  
(b) Address Clarksburg

17. (a) Removal (b) Date thereof 4-12-41  
(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director James E. Richards  
(b) Address Linton, Mo  
19. (a) 5-6-41 (b) J. D. Martin

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town South Moniteau Twp.  
(d) Street No.  
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th. year 1941 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1 - 1941 to Jan 9 - 1941 that I last saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death Chr Valvular  
Pressure of Heart

Other conditions 92 B  
(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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. D. Martin  
Address Prattville, Ala  
Date signed 4/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration  
Physician  
Underline the cause to which death should be charged statistically.

Date Filed 5-10-41  
District Health Officer No. 8,  
RECEIVED

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed: James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address: Tipton, Va.

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.