DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14889

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 709 West "B" St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 709 West "B" St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Thomas B. Martin
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary D. Martin
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased January (Month) 13 (Day) 1883 (Year)
8. AGE: Years 58 Months 3 Days 25 If less than one day hr. min.
9. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)
10. Usual occupation Freight Rate Specialist
11. Industry or business Chamber of Commerce
MOTHER FATHER
12. Name Brumley Martin
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Pendleton
15. Birthplace Virginia. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary N. Martin
(b) Address 709 W. "B" St. Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 5-10-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1941 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from February, 1940, to May 8, 1941
that I last saw him alive on May 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Asthma
Due to
Other conditions
(Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. R. T. Freeman (M.D. or other) M.D.
Address Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Sam E Sensney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo

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, fact should be so stated above.

No. 2B
4-25-41
PI X27852

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State File No. 14889

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 709 W B St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 709 W B St (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thos B. Martin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 58 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Baltimore Md. (City, town, or county) (State or foreign country)

10. Usual occupation Int St Specialist

11. Industry or business Chamberlin Commerce

MOTHER FATHER

12. Name Brumley Martin

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

14. Maiden name Gertrude Pendleton

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

16. (a) Informant Mrs Mary D. Martin

(b) Address 709 W B St Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemy

18. (a) Signature of funeral director Hurlbut mdt

(b) Address Joplin Mo

19. (a) 5-15-41 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1941 hour 1 minute M.

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

Immediate cause of death Cholecystitis Cardiac Diarrhoea

Due to asthma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roy F. Freeman (M.D. or other)

Address Joplin Mo Date signed

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

ELEMENTARY

MOORE