No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15387

Registration District No. 645 Primary Registration District No. 5854 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Ozark

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

(c) Name of hospital or institution: 1 Bradford Hwy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark 77

(c) City or town Gainesville, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME PERRY H. MARTIN

3. (b) If veteran, name war Civil War

3. (c) Social Security No.

4. Sex Mo

5. Color or race W.

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

6. (b) Name of husband or wife E. R. Martin

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December (Month) 20 (Day) 1845 (Year)

8. AGE: Years 95 Months 3 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Ozark County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant A. D. McDonald
(b) Address Gainesville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (Month) (Day) (Year)

(c) Place: burial or cremation Pontiac Cemetery

18. (a) Signature of funeral director O. B. McClure
(b) Address Gainesville Mo.

19. (a) 4-19-41 (Date received local registrar) (b) J. T. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1941 hour 5:15 minute A.M.

21. I hereby certify that I attended the deceased from April 1, 1941 to April 18, 1941 that I last saw him alive on April 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatitis Hypertrophic

Due to Sellility

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.

1370

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)

5 78

While at work? (e) Means of injury 9

23. Signature M. J. Hoerman (M.D. or other) DO

Address Gainesville Mo Date signed 4-19-41

(Licensed Embalmer's Statement on Reverse Side)

30 [illegible]

RECEIVED
District Health Officer No. 6
Distr. [illegible] 541-703
Date [illegible] MAY 5 [illegible]

NOV 20 [illegible]

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.