

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 234

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Garfield & Valley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Several Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife OWEN 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased June 23 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>11</u>	<u>13</u>	hr. min.

9. Birthplace Randolph Co. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Private homes

MOTHER FATHER
12. Name E. W. Bandy
13. Birthplace Greene Co. Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Taylor
16. Birthplace Randolph Co. Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Bandy
(b) Address Marianna, Arkansas

17. (a) Removal (b) Date thereof June 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee County, Arkansas

18. (a) Signature of funeral director Greer - Crov Funeral Ser.

(b) Address Poplar Bluff, Missouri

19. (a) 6/8/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1004 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day sixth
year 1941 hour 4:00 minute a 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 fractured skull

Due to _____
Due to _____

Other conditions (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) Homicide
(b) Date of occurrence June 6, 1941
(c) Where did injury occur? Poplar Bluff Butler Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Occured at the home

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

23. Signature Alfred M. Greer (M. D. or other) _____
Address Poplar Bluff, Missouri Date signed 6/7/41

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

Inquest And Funeral For Axe Victim

A coroner's jury decided Mrs. Ethel Martin, 46 year old Negro who was found beaten to death at her apartment at 1004 Garfield street at 9:30 a. m. Friday, died as the result of injuries received from a blunt instrument at the hands of some unknown assailant.

The inquest was conducted at the Greer-Croy undertaking company parlors by Coroner A. W. Greer last Saturday afternoon.

Funeral services for Mrs. Martin were held at the A. M. E. Church at 1 p. m. yesterday and the remains shipped to Marianna, Ark., for burial today.

Owen Martin, husband of the deceased and an inmate at the Missouri prison serving life for the shooting of Roy Whiteacre here about a year ago, was brought here under special guard for the funeral services.

State highway patrolmen and Sheriff M. L. Hogg and deputies are searching for Isaiah "Ike" Washington, Negro roomer at the Martin apartment who disappeared following the murder.

An axe found outside the Martin store building and directly beneath a window in Mrs. Martin's room is believed to have been the lethal weapon.

STATEMENT BY LICENSED EMBALMER

whose name is recorded on the reverse side of this certificate was embalmed by me, by

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4013

P. O. Address Capitol Bldg

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

If this body is not embalmed, above space should be left blank.