

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1782

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Admitted 7/30/41
Since 7/30/41. (Specify whether
in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid ⁷²

(c) City or town New Madrid ⁴
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. -
(If rural, give location)

(e) Citizen of foreign country? - / (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Clarence Martin

3. (b) If veteran, name war World

3. (c) Social Security No. Yes - not remembered

4. Sex male 9 5. Color or race Negro

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

6. (b) Name of husband or wife Lottie 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased December 11, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 8 15 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th,
year 1941 hour 5:35 minute - p. M.

21. I hereby certify that I attended the deceased from
July 30, 1941 to August 26, 1941
that I last saw him alive on August 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic heart disease, cardiac enlargement, aortic insufficiency, relative mitral insufficiency and myocardial insufficiency. Duration Unknown

Due to -

Other conditions None. (Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy No autopsy.

9. Birthplace Paducah, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -

MOTHER FATHER { 12. Name Wash Martin

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

14. Maiden name Han Jones

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

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removed (b) Date thereof Aug 26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandhill

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) Aug 29 1941 (b) E. J. M. Gauran
(Date received local health officer) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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?

While at work (Specify name of place)

23. Signature L. M. COCHRAN, M.D. (M. D. or other) 10

Address Chief Medical Officer Date signed 8/27/41

S.S. 492-16-7872
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 27 1948

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 Leo Hedgcock
Licensed Embalmer No. 3803
P. O. Address New Madrid, 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.