

1. PLACE OF DEATH:

(a) County Greene, Mo.
(b) City or town Springfield, Mo.
(c) Name of hospital or institution Burge Hospital
(d) Length of stay: In hospital or institution 9 days
In this community 9 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk
(c) City or town Belvoir
(d) Street No. 1
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Albert Allen Martin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie Ann Martin 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July 7 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Hardin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Joseph P. Martin

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

14. Maiden name Melinda Purnell

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

16. (a) Informant Cecil E. Martin

(b) Address W. E. Handley

17. (a) Burial (b) Date thereof 10/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Hutchison & Co.

(b) Address Belvoir, Mo.

19. (a) 10-24-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 in year 1941 hour 2 minute 24 P. M.

21. I hereby certify that I attended the deceased from Oct. 11 1941 to Oct. 20 1941; that I last saw him alive on Oct. 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Renal insufficiency 1 yr.

Due to Chronic nephritis

Due to 131b

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131b Of autopsy

Duration
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?

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

22. Signature W. E. Handley MD (M. D. or other) _____
Address Belvoir Date signed 10-23-41

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

9
2
6

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 *Frank Grable Jr.*

Licensed Embalmer No. *4140*

P. O. Address *Baliviar, Md*

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.

X