

FILED DEC 5 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
year 1941 hour 4 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Sept 17  
Nov 10 1941, to Sept 17 1941;  
that I last saw him alive on Sept 17 - Nov 10 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Embolicism following  
myocardial infarction  
Due to the femoral artery

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) accident  
(b) Date of occurrence Nov 10 1941  
(c) Where did injury occur? Carrollton Carroll Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
was trying to go hunting  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature W. Benson (M. D. or other)  
Address Carrollton Mo Date signed 11/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ralph Martin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color of race Lat. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rula Martin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 17 1903  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name Chas Martin  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle ?  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ralph Martin

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 11-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo

19. (a) 11-13-41 (b) with Reskins  
(Date received local registrar) (Registrar's signature)

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

DEC 5 1941

DEC 29 1941

RECEIVED

District Health Officer No. 8,

District File Number

File Number 12-3-41

**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

*Ben W Gibson*

Licensed Embalmer No.

*2961*

P. O. Address

*Carrollton 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.**