

DEC 17 1941 4 11

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 35
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3-
(d) Street No. 1217 Virginia
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Clovis B. Martin

3. (b) If veteran, name war * * 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased September 5, 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Ridgely Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name W. M. Martin

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

14. Maiden name Stella Owens

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

16. (a) Informant Stella Patterson

(b) Address 1217 Virginia

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

(c) Place: burial or cremation Amherst Center

18. (a) Signature of funeral director _____

(b) Address Joplin, Mo.

19. (a) 11-11-41 (b) Ed B. James
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1941 hour 9 minute 25 am.

21. I hereby certify that I attended the deceased from Sept 19 41 to November 19 41
that I last saw him alive on 11-9-41
and that death occurred on the date and hour stated above.

Immediate cause of death
Lytic Prostatitis 2 yrs

Due to Cardiac Hypertrophy with Decompensation 1 yr

Other conditions (Include pregnancy within 3 months of death) 30 d

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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 0

23. Signature Walter Howard (M. D. or other) _____
Address Joplin Mo. Date signed 11/11/41

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

Mr. Howards 1-4-41

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

Steve P. Parker

Licensed Embalmer No.

2548

P. O. Address

Joplin 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.