S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41960

Registration District No. 325

Primary Registration District No. 54250

Registrar's No. 84

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

39
0
0

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Walnut Grove Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Samuel Martin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ebenida Leeper

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November (Month) 30 (Day) 1855 (Year)

8. AGE: Years 85 Months 11 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation Drayman & farmer

11. Industry or business Retired

FATHER
12. Name James C Martin
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sarah Williams
15. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs T S Martin

(b) Address Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Turkey Creek Cemetery

18. (a) Signature of funeral director Gegela Brown

(b) Address Walnut Grove Mo

19. (a) Dec 8-41 (Date received local registrar) (b) Etta B McClure (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1941 hour 2 minute 25 p M.

21. I hereby certify that I attended the deceased from Oct 19 1941 to Nov 3th 1941; that I last saw him alive on Nov 4th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to and Enlarged Prostate Causing

Due to retented Urine

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

137a

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J J Barber (M. D. or other)

Address Walnut Grove Mo Date signed Nov 11-41

295

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-12-116
Date Filed 12/16/41

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 Bernard Wright, Registered Apprentice No. [redacted], working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.