

Registration District No. 133

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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 50 yrs.
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 _____

3. (a) PRINT FULL NAME Christopher Columbus Martin

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 10
year 1942 hour 11 minute 03 A.M.

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

(b) Name of husband or wife Nancy Ann Harlow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 20 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1 1942 to Mar. 10 1942
that I last saw him alive on Mar. 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency
Duration 7 yrs.

8. AGE: Years 88 Months 10 Days 18 If less than one day _____ hr. _____ min.

Due to Infarction
Due to 7 old age

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

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928

Of autopsy _____

11. Industry or business _____

12. Name Christopher M. Martin

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

14. Maiden name Sarah Ellen Hatfield

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

16. (a) Informant Wm Martin
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 3-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilead Cem. Standby

18. (a) Signature of funeral director Carrollton Mo
(b) Address _____

19. (a) 3-12-42 (b) M. M. James Rappley
(Date received local registrar) (Registrar's signature)

(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) (Specify means of injury)

23. Signature J. Hamilton (City or town) Carrollton Mo Date signed Mar 11 42
Address _____

RECEIVED

District Health Officer No. 8,

File Number

Filed 4-13-42

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 W

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.