

FILED JUN 31 1942 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 382

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene  
Springfield  
(b) City or town  
(c) Name of hospital or institution: City Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Hours  
(Specify whether  
In this community 2 Months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
Springfield  
(c) City or town  
(d) Street No. 746 College  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John A. Martin

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. Unknown

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased April 24 1876  
(Month) (Day) (Year)

8. AGE: Years 1 66 Months 0 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jessamine County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant U.S. Army Discharge Papers

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof May 19, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National H.H. Lohmeyer

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.  
19. (a) 5-18-42 (b) D. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1942 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 5-13-42 19 5-14-42 19  
that I last saw him alive on 5-14-42 19  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocardial insufficiency

Due to Arterio-sclerosis

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature E. Allum (M.D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 5-13

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

39  
2  
6

784

420

MAR 2 1942

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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