

S. No. 2
1-1-4-41
7. 5-17-39
X2839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20722
573

State File No. _____
Registrar's No. 635

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph *city*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3700 Block on King Hill Ave *10*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 17 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan *11*

(c) City or town St. Joseph *7*
(If outside city or town limits, write "RURAL")

(d) Street No. 6309 Morris
(If rural, give location)

(e) Citizen of foreign country? no *0* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jack Martin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male *0*

5. Color of race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased May 19 1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days 00
If less than one day hr. min.

9. Birthplace Pasadena California
(City, town, or county) (State or foreign country)

10. Usual occupation News Paper Carrier

11. Industry or business News Press

MOTHER FATHER { 12. Name Joseph F. Martin

13. Birthplace Mexico *3*
(City, town, or county) (State or foreign country)

14. Maiden name Marie Johnson

15. Birthplace St. Joseph Missouri *0*
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. D. Pepper

(b) Address St. Joseph, Missouri

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St. Joseph Missouri

19. (a) 7-2-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I viewed the deceased from on
June 29th, 1942 to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Basal skull fracture *1 day*
profuse hemorrhage from
Due to the left ear

Depressed skull fracture
Due to (occiput) *170 c. 2*

Other conditions Boy was killed while
(include pregnancy within 6 months of death)
riding in the front seat of an
Major findings: automobile in the 3700
block on King Hill Ave.

Of autopsy no

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) accident

(b) Date of occurrence June 29-1942 *131*

(c) Where did injury occur? St. Joseph Buch. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place, (city street)
(Specify type of place)

While at work? no (e) Means of injury Automobile
Coroner
(M.D. or other)

23. Signature H. F. Mundy (M.D. or other) _____
Address 404 South 3rd St Date signed 6/30/42

1233 (Licensed Embalmer's Statement on Reverse Side)

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.....

June 29 42

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John H. Hawley*

Licensed Embalmer No. *4050*

P. O. Address. *Joseph 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.