S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28459

State File No.

Registration District No. 372 — Primary Registration District No. 6-263 — Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural Finley Twp
(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 Sixty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster 112
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: FERTON W. MARTIN
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M. 0
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb (Month) 24 (Day) 1868 (Year)

8. AGE: Years 74 Months 6 Days 4 If less than one day hr. min.

9. Birthplace: Marshfield (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: James Martin
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Mary Cummins
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. George Marler
(b) Address: Seymour Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 31 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Date, Ame.
18. (a) Signature of funeral director: Kelley - Surrell
(b) Address: Seymour Mo
19. (a) 9-1 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1942 hour 01 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 15, 1942, to Aug 29, 1942, that I last saw him alive on Aug 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Regurgitation	6 Mo.
Due to Endocarditis	8 Months
Due to Not Rheumatic	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 92 lb
Of autopsy:

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. S. Bruton (M. D. or other) M.D.
Address: Springfield Mo Date signed 8/31/42

1067 (Licensed Embalmer's Statement on Reverse Side)

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

112
0
0

RECEIVED
District Health Officer No. 6,
District File Number 942-1388
Date Filed SEP 10 1942

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.