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v. 5
X26390

FILED OCT 13 1942

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 649

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Humansville
(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 Flores Leah Martin

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 4, year 1942 hour 2 minute 4.50 P.M.

21. I hereby certify that I attended the deceased from 18 1942 to Sept 4 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Cecil Martin

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

7. Birth date of deceased June 5 1897
(Month) (Day) (Year)

Immediate cause of death Disruption of bowels

Due to Peritonitis in sigmoid

Due to _____

8. AGE: Years Months Days If less than one day

45 2 29 hr. _____ min. _____

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

Major findings: Of operations 1222

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James L. Harmann

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

14. Maiden name Edith Abraham

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

16. (a) Informant Cecil Martin

(b) Address Humansville Mo

17. (a) Burial (b) Date thereof Sept 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville

18. (a) Signature of funeral director Joseph Hubster

(b) Address Humansville Mo

19. (a) 9-5-42 (b) J. W. Haudley
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Haudley (M. D. or other) _____
Address Springfield Mo Date signed Sept 7 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 Ralph A. Joseph
Licensed Embalmer No. 3149
P. O. Address Hammensville,

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