

33334

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 14 1942.

Registration District No. 2Primary Registration District No. 2007Registrar's No. 245

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Poplar bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community days
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME David Otis Martin

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased May 18, 1925
(Month) (Day) (Year)8. AGE: Years 17 Months 5 Days 5 If less than one day hr. _____ min. _____9. Birthplace Reynolds County, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation School Boy

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Martin
13. Birthplace Reynolds County Mo
(City, town, or county) (State or foreign country)14. Maiden name Lucinda Price
15. Birthplace Reynolds County Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Arthur Martin
(b) Address Hadley, Mo.17. (a) burial (b) Date thereof 10/26/19
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Potter Cemetery18. (a) Signature of funeral director William Coder(b) Address Piedmont, Missouri19. (a) 10-29-42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
 (c) City or town Rural - Hadley
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 9:40 minute _____ P. M.21. I hereby certify that I attended the deceased from 10-21, 1942, to 10-24, 1942;
that I last saw him alive on 10-24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary abscessDue to Pneumonia

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations Pneumonia plural cavity
right lung
Of autopsy same

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) an

(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 W. D. McArthur (M. D. or other)Address Poplar Bluff, Mo Date signed 10-29-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2,

District File Number 1142-1420

Date Filed 11-9-42

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

William Coker

Registered Apprentice No.

working under my personal supervision.

Signed

William Coker

Licensed Embalmer No.

3723

P. O. Address

Piedmont, Md.

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, above space should be left blank.

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33334
Registrar's No. 345

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:

Butler

- (a) County.....
 (b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Papier Bluff Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME David Otis Martin

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... Years

7. Birth date of deceased May 18
(Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 0 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
 (c) City or town.....
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 02 Day 25 Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
 that I saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death..... Pulmonary abscess (Duration)

Due to pneumonia
lobar pneumonia
 Due to.....

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

Major findings:
 Of operations.....

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)
 (b) 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. M. Henrich (M. D. or other).....

Address Papier Bluff Hosp. Date signed.....

SUPPLEMENTARY

