

No. 2
-1-4-41
5-17-39
I X26396

FILED DEC 5 1942
Registration District No. 212

Primary Registration District No. 2000

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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:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)

In this community 12 days
years, months or days

3. (a) PRINT FULL NAME CHARLES W. MARTIN, JR.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or 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 X X years

7. Birth date of deceased May 1 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>6</u>	<u>9</u>	hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Airplane

12. Name Charles W. Martin, Sr.

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

14. Maiden name Zelda Mae Martin (Verified)

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

16. (a) Informant Charles W. Martin, Sr.

(b) Address 115 Burt Avenue, Newark, Ohio.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Nov. 12, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Newark, Ohio

18. (a) Signature of funeral director Alma Schreyer Funeral

(b) Address Springfield Mo

19. (a) 11-12-42 (Date received local registrar)

(b) W. J. Sauer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio

(b) County Licking

(c) City or town Newark
(If outside city or town limits, write "RURAL.")

(d) Street No. 115 Burt Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1942 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from October 30 1942 to November 10 1942; that I last saw him alive on November 10, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, asphyxia

Duration 10 min.

Due to Cavernous sinus thrombosis, with meningitis

Duration 3 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death)

1048

Major findings: Of operations _____

Of autopsy Confirmation of above diagnoses

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? _____

23. Signature J. J. Hauser Major, M.C.
(M. D. or other)

Address O'Reilly Gen. Hosp. Date signed 11/11/42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1767

P. O. Address Spangfield

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.

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