

FILED DEC 12 1942

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 W 12th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. W. 12th
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH MARTIN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife JACOB MARTIN 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec 18 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 10 18 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Do not know

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

14. Maiden name Do not know

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

16. (a) Informant Miss Lillie Martin

(b) Address Trenton

17. (a) BURIAL (b) Date thereof NOV 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem Trenton

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

(b) Address Trenton Mo

19. (a) Nov 6-42 (b) Jada Hoffman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1942 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Nov 1
1942 to Nov 6 1942

that I last saw him alive on Nov 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration
7 days

Due to.....

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)

(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 E. J. Johnson (M.D. or other)

Address Trenton Date signed 11/6/42

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

40
1
2

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.....

P. O. Address.....

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.