S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40586

Registration District No. 218 Primary Registration District No. 3017 Registrar's No. 156

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(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 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County Cooper 1

(c) City or town Boonville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1123 Main St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tommie Martin

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race 2 Black

6. (a) Single, widowed, married, divorced 0 Single

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

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

7. Birth date of deceased June (Month) 20 (Day) 1923 (Year)

8. AGE: Years 19 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Cooper (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Riley Martin
13. Birthplace Cooper Co, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Queenie Montgomery
15. Birthplace Cooper Co. Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Queenie Montgomery
(b) Address 1123 Main St. Boonville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7/42 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director L J Meister
(b) Address Boonville, Mo

19. (a) Dec 7-42 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1942 hour 4.30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 10, 1942, to Aug 14, 1942; that I last saw him alive on Sept. 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aspiration pneumonia	1 week
Due to: Chronic laryngitis	6 mos.
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

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Major findings:
Of operations None done
Of autopsy None performed

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 0

23. Signature G. W. Wilson (M. D. or other) M.D.
Address Boonville, Mo. Date signed 12/7/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 1-8-43

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 C. L. Fielard

Licensed Embalmer No. 1399

P. O. Address Higher Ma

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.