

S. No. 2
-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6626

State File No.

FILED MAR 4 1943
Registration District No. 786

Primary Registration District No. 2001

Registrar's No. 73

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

49
2
5

1. PLACE OF DEATH: Jasper
 (a) County: Joplin,
 (b) City or town:
 (c) Name of hospital or institution: Jst. John Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Five days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME: Baby Martin
 3. (b) If veteran, name war: No.
 3. (c) Social Security No.:

4. Sex: M
 5. Color or race: White
 6. (a) Single, widowed, married, divorced, Infant
 6. (b) Name of husband or wife:
 6. (c) Age of husband or wife if alive, years
 7. Birth date of deceased: January 31, 1943
 (Month) (Day) (Year)

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

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

10. Usual occupation:
 11. Industry or business:

MOTHER FATHER
 12. Name: Clifford Martin
 13. Birthplace: New. H.
 14. Maiden name: Audrey Burress
 15. Birthplace: Granby, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Clifford Martin
 (b) Address: Granby, Missouri
 17. (a) Burial: Fairview Memorial (b) Date thereof: 2-5-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation:

18. (a) Signature of funeral director: Parker-Hunsaker
 (b) Address: 1502 Joplin Street
 19. (a) 2-5-43 (b) Gertie Schuchter
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Jasper Missouri
 (a) State: (b) County: Newton
 (c) City or town: Joplin, Granby
 (If outside city or town limits, write "RURAL")
 (d) Street No.: No. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country: /

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February, day 4
 year 1943 hour 1:00 minute A M.
 21. I hereby certify that I attended the deceased from Jan 31-43
 to Feb 4-43, 1943
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
 Due to:
 Due to:
 Other conditions (Include pregnancy within 3 months of death):
 Major findings:
 Of operations:
 Of autopsy:

Duration
 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)
 (a) Means of injury:
 23. Signature: J. E. Jones (M. D. or other)
 Address: 311 Joplin Bank Date signed: 2/5/43

1204

(Licensed Embalmer's Statement on Reverse Side)

48-2-183

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.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address *Joplin Mo*

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.