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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

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

(d) Street No. W. Gay 728  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Robert Martin

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1943 hour 4:30 minute AM M.

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Martha Lee Martin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15 1943 to Feb 16 1943 that I last saw him alive on Feb 15 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 7 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage

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

10. Usual occupation Retired farmer

Due to Senility

Due to gla

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Robert Martin

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

14. Maiden name Chelmera Elder

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Elymer Martin

(b) Address Collins Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Edwards Springs Mo

18. (a) Signature of funeral director Edwards Springs Mo

(b) Address Edwards Springs Mo

19. (a) Feb 16 1943 (Date received local registrar) (b) Lola M. Williams (Registrar's signature)

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 Wm Patterson (M. D. or other) \_\_\_\_\_

Address Warrensburg Mo Date signed 2-16-43

RECEIVED

Health Officer No. 8,

File Number

Date Filed 3-5-43

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 O. B. Sidlers X

Licensed Embalmer No. 3250 X

P. O. Address W. Nevada Springs, 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.