

FILED MAP 370
Registration District No. 2720

Primary Registration District No. 6258

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Rural - South of Greenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Samuel Lysander Martin

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 29, 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 24 If less than one day, hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name John Martin

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

14. Maiden name Lou Talley

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

16. (a) Informant John Martin

(b) Address Greenville, Missouri

17. (a) Burial (b) Date thereof Jan. 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nicholson Cemetery

18. (a) Signature of funeral director National Funeral Home
(b) Address Greenville, Missouri

19. (a) 2-8-1943 (b) Greg Bennett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Rural - Greenville
(If outside city or town limits, write "RURAL")
(d) Street 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 January day 23
year 1943 hour 7 minute 37 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident
Coroner's inquest held - Coroner's
jury found death to be
Due to accidental causes.

Due to almost complete evisceration of
abdomen.

Other conditions occipital and parietal skull
(Include pregnancy within 3 months of death) fractures.

PHYSICIAN
Major findings: Of operations
Of autopsy
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) Accident (automobile)

(b) Date of occurrence January 23, 1943

(c) Where did injury occur? Greenville Wayne Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway # 67

While at work? (Specify type of place) (e) Means of injury

23. Signature Greg Bennett (M.D. or other)

Address Greenville Mo Date signed

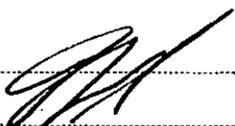
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.