

S. No. 2
M-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15627

State File No.

Registrar's No.

ED MAY 7 1943

Primary Registration District No. 3011

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(c) Name of hospital or institution 610 Rich st
(d) Length of stay: In hospital or institution none
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline
(c) City or town Slater
(d) Street No. 610 Rich st
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ernest Mead Martyr

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

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Sept 6. (c) Age of husband or wife if alive 30 years (Day) (Year)

8. AGE: Years 78 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Cashier (Retired)

11. Industry or business Bank

MOTHER FATHER { 12. Name James R Martyr
13. Birthplace Val
14. Maiden name Wilhel Carter
15. Birthplace Va

16. (a) Informant J. J. Martyr

(b) Address St. Louis

17. (a) Burial (b) Date thereof 4-30-43
(c) Place: burial or cremation Slater MO

18. (a) Signature of funeral director Hill Brothers

(b) Address Slater MO

19. (a) 4-4-43 (b) Mrs John Giger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1943 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to April 28, 1943
that I last saw him alive on 4-28-43
and that death occurred on the date and hour stated above.

Immediate cause of death Relaxing lungs Duration

Due to
Due to

Other conditions Profound Ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations 117 p. 2
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? _____
(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. Mead (M. D. or other) _____
Address Slater MO Date signed 4-29-43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-6-43

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 Sam M Hill

Licensed Embalmer No. 1293

P. O. Address Slater 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.