MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17235

Do not use this space.

FILED JUN 14 1943

1. PLACE OF DEATH

(a) County Adair Registration District No. 1

(b) Township Primary Registration District No. 3000 Registered No. 135

(c) City or Kirksville (d) Street No. Gunn-Smith Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Martin

(a) Residence, No. St. Glenwood Mo

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Clarinda Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1874

7. AGE: Years 68 Months 9 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Iowa

FATHER

13. NAME Millicent Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER

15. MAIDEN NAME Carolina Mahews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Iowa

17. INFORMANT Glena Martin (ADDRESS) Glenwood Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Glenwood Mo DATE May 13 1943

19. FUNERAL DIRECTOR (NAME) Moreheads (ADDRESS) Lancaster Mo.

20. FILED 5/20/43 19 Mrs. J. L. Wagner Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1943

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1943, to May 11, 1943

I last saw him alive on May 11, 1943 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 wks
Senile Dementia (moderate)	2 mo

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George E. Gunn, M. D.

(Address) Kirksville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X16605

RECEIVED
District Health Officer No. 10
District File Number 6-43-1090
Date Filed JUN 11 1943

STATEMENT BY LICENSED EMBALMER

We hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
True Minnie Morehead, Registered Apprentice No.
working under my personal supervision.

Signed True Minnie Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster Ky.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 135

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harry Martin
3. (b) If veteran, name war: 1
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 18 (Day) 1875 (Year)
8. AGE: Years 68 Months 9 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour minute 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.

	Duration
Immediate cause of death: Uremia	2 wk
Due to: Senile dementia (moderate)	2 mo
Due to: Chronic nephritis about	4 yrs.
Due to: Prostatic obstruction	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 131
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? (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

23. Signature: George E. Grim, MD (M. D. or other)
Address Date signed

SUPPLEMENTARY

Hoover & Stern
Kuhnell

17235