S. No. 2
M—9-4-41
5-17-39
I X29

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. 19347

FD MAY 18 1943

Registration District No. 73 | Primary Registration District No. 4245 | Registrar's No. 21

1. PLACE OF DEATH:

(a) County: Webster

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

(c) Name of hospital or institution: x
(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): life

In this community: life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster

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

(d) Street No.: x
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Charles F. Martin

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Julia Martin

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: February (Month) 3 (Day) 1868 (Year)

8. AGE: Years 75 | Months 1 | Days 28 | If less than one day: x hr. x min.

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

10. Usual occupation: Retired

11. Industry or business: x

FATHER
12. Name: W. A. Martin
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Turner
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: J. P. Martin
(b) Address: Marshfield, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield

18. (a) Signature of funeral director: [illegible]
(b) Address: Marshfield Missouri

19. (a) 4/2/43 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 18, 1943, to April 1, 1943, that I last saw him alive on April 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, Pulmonary — Duration: Unknown (At least ten years)

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

13 fl

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: C. P. Macdonnell (M. D. or other) M.D.

Address: Marshfield, Mo. Date signed 4/2/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543-63a
Date Filed MAY 15 1943

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 Lex Lanning

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.