S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22045

Registration District No. 229 Primary Registration District No. 4342 Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Jonesburg Mo (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

In this community 18 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery

(c) City or town Jonesburg 70 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Thomas A. Martin

3. (b) If veteran, name war World war I

3. (c) Social Security No. —

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Sylvia Martin

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March (Month) 5 (Day) 1894 (Year)

8. AGE: Years 49 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Annaplais (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Store Keeper

11. Industry or business

FATHER
12. Name Alex Martin
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Jane long
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Sylvia Martin

(b) Address Jonesburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg Mo

18. (a) Signature of funeral director Carl A. Harding

(b) Address Jonesburg Mo

19. (a) June 12-43 (Date received local registrar) (b) Lillie Jeffries (Registrar's signature) dept.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31 year 1943 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 15th 1939, to May 31st 1943; that I last saw him alive on May 31st 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	30 minutes
Due to Arterio-Sclerosis and hyper-tension	
Due to Cerebral hemorrhage 5 years before-followed by Bell's palsy which	
Other conditions Continued until death (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

83 a 1

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 John H Dyer (M. D. or other)

Address Warrenton, Missouri Date signed 6/5/43

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(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1943

JUN 29 1943

STATEMENT BY LICENSED EMBALMER

JUN 30 1943

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 Carl A. Harding

Licensed Embalmer No. 4465

P. O. Address Jonesburg 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.