

D OCT 7 1943

Registration District No. 128

Primary Registration District No. 2000

772

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 Hour
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ⁰³⁹
(c) City or town Rural Springfield, S. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. (2748 Mt. Vernon) Route #7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Billy Dean Martin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased January 4 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 8 14 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name John Wm. Martin
13. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Henson
15. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.W. Martin
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Sept. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 9-20-43 (b) H.W. Landrum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1943 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from no Physician in attendance 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Shock + hemorrhage

Due to Fracture of skull

Due to Accident - Automobile Collision

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident ⁰³⁹
(b) Date of occurrence Sept. 18, 1943
Where did injury occur? Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Highway 13
While at work? no (Specify type of place) (c) Means of injury Riding in truck struck by another car

23. Signature Injury to State Coroner (M. D. or other) _____
Address Springfield, Mo. Date signed 9-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

03
6-19

906

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.....

Walter E. Hamilton

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield, Ma.

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.

X