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

31568

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 780

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: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1445 Meadowmere (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joe Carver Martin

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Sept. (Month) 27, (Day) 1895 (Year)

8. AGE: Years 47 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Fort Scott (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Creamery Co.

FATHER
12. Name Verne Martin
13. Birthplace Unk. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mae Hughes
15. Birthplace Unk. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Lillian Martin

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Mo.

19. (a) 9-23-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1943 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 18, 1943, to Sept 20, 1943 that I last saw him alive on Sept 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Portal Pyemia - with liver abscesses	1 mo.
Due to: Mesenteric abscess	1 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

129

Major findings:
Of operations: Swollen liver - ascites - distended gall bladder - enlarged mesenteric nodes
Of autopsy: mesenteric abscess - pyemia of entire portal vein and branches

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 F. M. Boulter (M. D. ~~or other~~)

Address Medarts Springfield Mo. Date signed 9/21/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 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.....

Licensed Embalmer No.....

P. O. Address.....

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.