S. No. 2
M—2-43
5-17-39
I x

FILED OCT 13 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31865

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 549

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Oronogo
(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

3. (a) PRINT FULL NAME Earl O. Martin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Martin
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov (Month) 11 (Day) 1887 (Year)

8. AGE: Years 55 Months 10 Days 14 If less than one day hr. min.

9. Birthplace McCune (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER 12. Name Minor Martin
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER 14. Maiden name Mary Alice Hines
15. Birthplace (City, town, or county) Ind (State or foreign country)
16. (a) Informant Mrs Clarence Robinson
(b) Address Oronogo, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Cem
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Und Co
19. (a) 9-27-43 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1943 hour 12 minute P M.
21. I hereby certify that I attended the deceased from 9/15, 1943, to 9/25, 1943 that I last saw him alive on 9/25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Silicosis (Unknown)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 [signature] (M. D. or other) MD
Address Joplin Date signed 9/27/43

(Licensed Embalmer's Statement on Reverse Side)

43-9-824

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 Myself.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Cuff City 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.