

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa

(c) Name of hospital or institution: \_\_\_\_\_

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

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 10 Yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Odessa 054 (If outside city or town limits, write "RURAL") 4

(d) Street No. \_\_\_\_\_ (If rural, give location) 3

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

If yes, name country 0

3. (a) PRINT FULL NAME William P. Martin

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs. W.P. Martin 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Dec. 6 1859 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 10 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Greenville Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Newton Martin

13. Birthplace Ill. 1 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant W.E. Martin

(b) Address Odessa, Mo.

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

(c) Place: burial or cremation Odessa, Mo. Cemetery

18. (a) Signature of funeral director J.C. Hoover

(b) Address Odessa, Mo.

19. (a) Nov-1-1943 (b) Mrs W.F. Baker (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 15 1943 to Oct 20 1943 and that last saw her alive on Oct 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Duration 2 wks.

Due to \_\_\_\_\_

Due to 130

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Biopsy lymph gland - Reported like biopsy in pernicious anemia.

Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Paul Ferris (M. D. or other) MD

Address 934 Argyle Bldg Date Oct 26, 1943

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

440

RECEIVED  
District \_\_\_\_\_ Officer No. 8,  
District File Number \_\_\_\_\_

Date Filed 11-3-43

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**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 \_\_\_\_\_

John A. Cantlon

Registered Apprentice No. 356

working under my personal supervision.

Signed \_\_\_\_\_

*Joseph T. Hemen*

Licensed Embalmer No. 2541

P.O. Address Odessa, 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.**