

No. 2  
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5-17-39  
X33697

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35237

FILED NOV 6 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Harrison  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St Elizabeth Hosp.  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 wk (Specify whether years, months or days) 0

In this community 0

3. (a) PRINT FULL NAME Robert W. Martin

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie May (c) Age of husband or wife if alive 58 years

7. Birth date of deceased NOV. 30 - 1881  
(Month) (Day) (Year)

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

62 9 25 0 hr. 0 min.

9. Birthplace Yardolia MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Martin

13. Birthplace MO 0  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Purner

15. Birthplace MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie May Martin

(b) Address Rt. 1, Harrison

17. (a) Burial (b) Date thereof Sept. 27 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ME. Olive T Cem.

18. (a) Signature of funeral director James O'Connell

(b) Address Nashville Mo

19. (a) 10-1-43 (b) R H Corner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ralls 027

(c) City or town CENTER 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24  
year 1943 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1 to Sept 24 1943  
that I last saw him alive on Sept 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic myocarditis

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

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

Other conditions arteriosclerotic nephritis  
(include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1310

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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)

Means of injury \_\_\_\_\_

23. Signature J. H. Corner (M. D. certifying)

Address 201 W. Harrison St. Mo Date signed 10/1/43

**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 Michael J. O'Donnell

Licensed Embalmer No. 3247

P. O. Address Hampden 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.**