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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38245

Primary Registration District No. 2000

Registrar's No. 951

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: SPRINGFIELD BAPTIST HOSP.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No. 621 So MAIN AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CARL D. MARTIN

3. (b) If veteran, name war Unk

3. (c) Social Security No. 491-05-3887

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FRANCES MARTIN

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan (Month) (Day) 1897 (Year)

8. AGE: Years 46 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Trucking

FATHER
12. Name F. M. Martin
13. Birthplace Unk. (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Della Smith
15. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Frances Martin
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address SPRINGFIELD MO.

19. (a) 11-26-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1943 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 6 1943 to Nov 25 1943; that I last saw him alive on Nov 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M.D. or other)

Address Springfield Mo. Date signed Nov 26/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 3 1943

JAN 1 2 1944

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.....Max Rhodes

Licensed Embalmer No.....40711

P. O. Address.....Springfield

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.