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43
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35697

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

FILED FEB 8 1944

State File No. _____

Registration District No. 27

Primary Registration District No. 5097

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural-Shawnee Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
(Specify whether)

In this community 65 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural-Shawnee Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Mi. South, 5 Mi. East, Adrian
(If rural, give location) Mo.

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edgar Elton Marta

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Willie Florence

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug. 7 1885
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William H. Martz

13. Birthplace Lincoln Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann E. Elmore

15. Birthplace Lincoln Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Martz

(b) Address 2447 Askew Kansas City Mo.

17. (a) Burial (b) Date thereof Jan. 30. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Lesath & Dix

(b) Address Adrian Mo.

19. (a) 1-28-44 (b) Pauline Compton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1944 hour _____ I minute A M.

I hereby certify that I attended the deceased from March 10 1944 to Jan. 27 1944
that I last saw him alive on Jan 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr. Myocarditis
(Acute) Heart Disease

Other conditions 938
(Indicate pregnancy within 3 months of death)

Major findings: Aneurysm
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? _____

While at work _____ (Specify type of injury) _____
(c) Means of injury _____

33. Signature Charles G. Foster (M. D. or other) _____
Address Butler, Mo. Date signed 1/28/44

15416

RECEIVED

District Health Officer No. 7;

District File Number 1-44-1014

Date Filed 1-7-44

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 and

Fred J. Greath 3343, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2650

P. O. Address Adrian 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.