

FILED FEB 14 1944

Registration District No. 2

Primary Registration District No. 5481

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Farede, Rural Melrose 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 59 yrs. (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME WILLIAM L. 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 m.
6. (b) Name of husband or wife Ernyene Martin 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased mas. (Month) (Day) (Year) 5 1861

8. AGE: Years 82 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John A. D. Martin
13. Birthplace Farede, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Hunt
15. Birthplace Unknown (City, town, or county) (State or foreign country) England

16. (a) Informant Mrs Lucy Hartley
(b) Address Trenton Mo. P.O. #2

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb. 1-1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Lukes Cemetery

18. (a) Signature of funeral director E. J. Roberts

(b) Address Farede, Mo.

19. (a) 2-2-44 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Farede, Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 mi. S.W. of Farede (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th year 44 hour 3 minute a. M.
21. I hereby certify that I attended the deceased from Sept 1st 1943 to Jan 30 1944
that I last saw him alive on Jan 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration _____
Due to arteria Sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____
Of autopsy no
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) no
(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 C. Thomas (M. D. or other) _____
Address Farede Mo Date signed 2-3-44

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

FEB 16 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.....

John M. Robertson....., Registered Apprentice No. *355*
working under my personal supervision.

Signed *E. J. Robertson*.....

Licensed Embalmer No. *2418*

P. O. Address *Fareham, Md.*

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.