

7. S. No. 2
OM-5-42
Rev. 5-17-39
P1 X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11007

State File No.

Registrar's No. 246

Registration District No. 128

Primary Registration District No. 2100

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
955 E. Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 955 E. Elm
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Dudley Martin

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Mrs. Daucy H. Martin 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 28, 1880
(Month) (Day) (Year)

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

<u>63</u>	<u>11</u>	<u>16</u>	hr. min.
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9. Birthplace DeKalb, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Motor Garage
Motor Company

11. Industry or business

MOTHER FATHER { 12. Name Christopher H. Martin

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

14. Maiden name Elizabeth Wallingford

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

16. (a) Informant Mrs. T. D. Martin

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Mar. 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-15-44 (b) W. J. Hoadley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th, year 1944 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 4/8/43, 19... to 3/14/44, 19...; that I last saw him alive on 3/13/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease

Duration 1 yr. plus

Due to Coronary thrombosis on 4/8/43

Due to

Other conditions 9/4/44
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN 9/4/44
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? While at work?
(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) (e) Means of injury

23. Signature W. J. Hoadley (M. D. or other) M. D.

Address Springfield, Mo. Date signed 3/14/44

APR 9 1945

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 Harlow Knabbe

Licensed Embalmer No. 4065

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

TH