

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14178  
Registrar's No. 326

FILED MAY 11 1944

Registration District No. 2/2

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1311 South 24th. Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not (Specify whether  
In this community 44 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1311 South 24th.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Robert Bruce Martin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Eda Alvina Martin  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased December 29 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 16 hr. min.

9. Birthplace Adams County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stationary

11. Industry or business Engineer

12. Name James P. Martin  
13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Ann Rigney  
15. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Eda Alvina Martin  
(b) Address 1311 So. 24th. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3/17/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Halter Meierhoffer  
(b) Address 302 Faraon St. St. Joseph, Mo.

19. (a) 3-17-44 (b) Rose Heigoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th.  
year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from April 16, 1934, to Mar. 15th, 1944;  
that I last saw him alive on Sept. 15th, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Cardio-renal Disease

Due to Atherosclerosis

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

Duration

8 yrs

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 place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. M. J. ... (M.D. or other) \_\_\_\_\_  
Address 216-218 Phys. & Surg. Bldg. Date signed 3-17-44

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

MOTHER FATHER

1233

St Joseph mo

7 1944 NMI

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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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

**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.