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M-8-43
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

14306

State File No. _____

FILED MAY 2 1944

Registrar's No. 133

Registration District No. _____

Primary Registration District No. 3008

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Fulton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 12 hours
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Williamburg
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. D 3 1/2 miles South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH BAILEY MARTIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name J. W. Martin

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

14. Maiden name Martha Verhearth

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

16. (a) Informant Montgomery City, Mo.

(b) Address Burial

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 4/16/44
(Month) (Day) (Year)

(c) Place: burial or cremation Williamburg Cem.

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton, Mo. D. C. Browning Mgr

19. (a) 4-16-1944 (b) Joseph Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14
year 1944 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Some time in Feb. 1944 to April 13 1944
that I last saw him alive on April 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thromboses

Due to Arterio Sclerosis

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R. W. Brown (M. D. or other) _____
Address Fulton, Mo Date signed 4/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44

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~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.