

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X366

27139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(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 60 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME THOMAS W. MARTIN

3. (b) If veteran, name war None 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Kate Shapley Martin 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 4 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 3 20 hr. min.

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

10. Usual occupation Circuit Judge

11. Industry or business 26th Judicial circuit of Mo.

12. Name Thomas R. Martin

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

14. Maiden name Katherine Yates

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

16. (a) Informant Mrs. Mable M. Dickinson

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof July 27 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 7/27/44 (b) Martha Riser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th  
year 1944 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 1-44  
to July 24, 1944  
that I last saw him alive on July 24, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis  
(Bright's disease)  
old age 4 months  
Due to.....  
Due to.....

Other conditions (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 D. P. Guldner (M. D. or other)  
Address 1405 Gulf Lamar Date signed July 24/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;  
District File Number 844-944  
Date Filed AUG 19 1944

09/21

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.....

*Carl F. Konantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.