

FILED OCT 13 1944

Registration District No. 200

Primary Registration District No. 3076

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

1. PLACE OF DEATH

(a) County Vernon

(b) City or town Nevada

(c) Name of hospital or institution: 705 N. 2nd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 705 N. 2nd St
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Thomas Martin

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1944 hour _____ minute 15 P.

21. I hereby certify that I attended the deceased from 6-12 1944 to 9-1 1944

that I last saw him alive on 9-1 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) ~~Single, widowed, married,~~ divorced 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 21 1869
(Month) (Day) (Year)

Immediate cause of death _____

Due to Uremia & chr. nephritis secondary to prostatic hypertrophy.

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 75 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer - Retired

Major findings: Of operations _____

Of autopsy 131b

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Edna Martin

(b) Address 140 1/2 Remington, K.C. Mo

17. (a) Burial (b) Date thereof Sept 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

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

(b) Address Nevada, Mo

19. (a) 9-8-44 (b) Hazel B. Beure
(Date received local registrar) (Registrar's signature)

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 ⊙

3. Signature Alvin Davis (M. D. or other) _____

Address Nevada, Mo Date signed 9-3-44

RECEIVED

OCT 17 1944

District Health Officer No. 7,

District No. 8-44-1027

Date Filed 9-28-44

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 me

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

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.