

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12008

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Flemming, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community 60 yrs.
 years, months or days)

3. (a) PRINT FULL NAME WALTER MARTIN

3. (b) If veteran, name war None 3. (c) Social Security No. 486-03-714

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Martin 6. (c) Age of husband or wife if alive Alive years
 7. Birth date of deceased Aug. 29th. 1876.
 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Metal Worker Defence Plant

11. Industry or business

12. Name James K. Martin
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Ownes
 15. Birthplace Vergina
 (City, town, or county) (State or foreign country)

16. (a) Informant Alice Martin
 (b) Address Flemming, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-44.
 (Month) (Day) (Year)
 (c) Place: burial or cremation South Point

18. (a) Signature of funeral director J. H. Brothman
 (b) Address Richmond, Mo.
 19. (a) 12/20/44 (Date received local registrar) (b) D. H. Simmons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Mo. Ray
 (a) State (b) County
 (c) City or town Flemming, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th.
 year 1944. hour II minute 15am. M.

21. I hereby certify that I attended the deceased from 12-15-44
 to 12-17-44
 that I last saw him alive on 12-15-44
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
 Due to occlusion

Due to 94a
 Under conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 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 E. C. Fay (M. D. or other) M.D.
 Address Richmond, Mo. Date signed 12-18-44

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

RECEIVED

District Health Officer No. 8,

APR 11 1945

Date Filed 4-11-45

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.

Brothers Funeral Home

Signed J. B. Brothers

2001.

Licensed Embalmer No.....

P. O. Address Richmond, 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.