

FILED JAN 25 1945  
Registration District No. 125

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
711 BENTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE  
(c) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 BENTON  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13  
year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 11, 1945  
to Jan. 10, 1945  
that I last saw him alive on Jan. 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chy. Cardio-renal-vas-cu-  
lar disease - decompensated  
Duration

Due to.....  
Due to.....

Other conditions: Arterio sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN

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?

(Specify type of place) (Specify cause of injury)  
While at work.....  
23. Signature: Arthur G. Knapp  
Address: W. E. Coulter Date signed: 1-15-45

3. (a) PRINT FULL NAME JOSEPH MARTIN  
3. (b) If veteran, name war UNK.  
3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MAGGIE MARTIN  
6. (c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased: May UNK. 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 8 UNK. hr. min.

9. Birthplace GATES Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business  
12. Name WILSON MARTIN  
13. Birthplace UNK. (KNOWN) UNK.  
(City, town, or county) (State or foreign country)  
14. Maiden name ESTIE (UNKNOWN) UNK.  
(City, town, or county) (State or foreign country)  
15. Birthplace UNK. Mo. VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. MAGGIE MARTIN  
(b) Address 711 BENTON, Spfld. Mo.  
17. (a) BURIAL (b) Date thereof 1-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation LINCOLN MEMORIAL

18. (a) Signature of funeral director: Arthur G. Knapp  
(b) Address 702 N. Jefferson Spfld. Mo.  
19. (a) 1-17-45 (b) W. E. Coulter  
(Date received local registrar) (Registrar's signature)

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

926

984

Arthur G. Knapp  
W. E. Coulter  
Spfld. Mo.

MAR 20 1945

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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..... *Herbert V. Smith*

Licensed Embalmer No. *4286*

P. O. Address..... *Springfield*

**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.**

X