

State File No. \_\_\_\_\_  
Registrar's No. 31

Registration District No. 126 Primary Registration District No. 2001

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

49  
2  
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether  
years, months or days) 20 years

3. (a) PRINT FULL NAME Nellie A. Martin

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2  
6. (b) Name of husband or wife Claude W. Martin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 14, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 1 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Presque Isle Maine (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name E. D. Bishop

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

14. Maiden name Thankful Basford

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

16. (a) Informant Miss Merle Martin  
(b) Address 2020 New Hampshire, Joplin, Mo

17. (a) burial (b) Date thereof 1/17/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 1-17-45 (b) Gertrude Sushall (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 2020 New Hampshire 5  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_ (1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1945 hour 9 minutes 15 P M.

21. I hereby certify that I attended the deceased from Jan 9, 1945, to Jan 15, 1945 that I last saw h/w alive on 1-15-45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1/19/45

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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) (M. D. of injury)

23. Signature \_\_\_\_\_ (M. D. of death)  
Address Joplin Date signed 1/17/45

1204

45-131

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**