S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9288

State File No.

Registration District No. 47

Primary Registration District No. 5168

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural McCredie
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural
(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

3. (a) PRINT FULL NAME James Martin

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertha

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

7. Birth date of deceased DK (Month) DK (Day) 1884 (Year)

8. AGE: Years 61 Months — Days — If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name DK
13. Birthplace DK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Graves
(b) Address McCredie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 45 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo.

18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo

19. (a) 3-29-1945 (Date received local registrar) (b) Josie Moreau Kroff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1945 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from 8:30 AM March 27, 1945, to —, 19..; that I last saw him alive on March 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Alcoholism	
Lost debauch	24 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

77C

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. H. Domann (M.D. or other) DO
Address Anxvasse Mo. Date signed 3/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-9-45

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.

Signed Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.