S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 428

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9685

Primary Registration District No. 2000

Registrar's No. 265

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: 505 Boonville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 4. Months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 37

(c) City or town: Springfield (If outside city or town limits, write "RURAL") 1

(d) Street No.: 505 Boonville (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Austin K. Martin

3. (b) If veteran, name war: No

3. (c) Social Security No. 527-10-2504

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Bobbie Martin

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

7. Birth date of deceased: July (Month) 7 (Day) 1907 (Year)

8. AGE: Years 37 Months 8 Days 22 If less than one day hr. min.

9. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Ed Martin

FATHER 13. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Ollie Pyle

MOTHER 15. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Ollie Ormsbee.

(b) Address: Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/29/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenfield, Mo.

18. (a) Signature of funeral director: Ward Funeral Home

(b) Address: Greenfield, Mo.

19. (a) 3-29-45 (Date received local registrar) (b) R W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1945. hour 1:00 minute p. M.

21. I hereby certify that I attended the deceased from for Physician Dr. Atterbury to 19..; that I last saw him alive on 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Poisoning with Carbolic Acid	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 16 3 F.D.	
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): Suicide

(b) Date of occurrence: March 29 1945

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In hotel room (Specify type of place)

While at work? No (e) Means of injury: Pheno

23. Signature: Murray C Stone Coroner (M. D. or other)

Address: Springfield, Mo. Date signed 3-29-45

984 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.