V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16742

Registration District No. 98 Primary Registration District No. 5370 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Union Township
(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 years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. ½ Mi. East Gallatin, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Walter Martin
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Josie Belle Martin
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased June (Month) 28 (Day) 1864 (Year)
8. AGE: Years 80 Months 9 Days 24 If less than one day hr. min.
9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General Farming
MOTHER FATHER
12. Name Alfonso Levi Martin
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Rachel Agnes McCue
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Miss Mary Martin
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lock Springs, Mo.
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) 4-23-1945 (Date received local registrar) (b) L. O. Nicholson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 11:05 minute P M.
21. I hereby certify that I attended the deceased from January, 1943, to April 22, 1945; that I last saw him alive on April 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Heart disease — Duration: Several years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Diabetes, probable Carcinoma colon
Major findings:
Of operations
Of autopsy No

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 Fred K Wilson (M. D. or other)
Address Winston Mo Date signed 4/23/45

108 K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 L. C. Pickerson

Licensed Embalmer No. 3302

P. O. Address Fallatin, 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.