

FILED AUG 13 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 589

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 W. Atlantic
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country:

3. (a) PRINT FULL NAME

Glenda K. Martin

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: February 21, 1943
(Month) (Day) (Year)

8. AGE: Years 2 Months 5 Days 7
If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Herbert L. Martin
13. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Margaret Reynolds
15. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert D. Martin
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof: July 29, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer, Funeral Home
(b) Address Springfield, Missouri

19. (a) 7-30-45 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28,
year 1945 hour 12:15 minute A.M.

21. I hereby certify that I attended the deceased from July 27 1945 to July 28 1945
that I last saw him alive on July 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Burns Duration 1 day

Due to falling in tub
17 scalding water

Due to

Other conditions: 2
(Include pregnancy within 3 months of death)
Major findings: 18" x 12"
Of operations:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 27, 1945
(c) Where did injury occur Springfield Greene Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury falling into tub of scalding water
While at work? no

23. Signature S. F. Freeman M.D. or other
Address Springfield Date signed 7/29/45

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

9
2
6

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..... *C. A. Ruff*
Licensed Embalmer No..... *3044*
P. O. Address..... *Springfield, 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.