V. S. No. 2
0M—8-43
ev. 5-17-39
I X37023

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24787

State File No.

FILED JUL 16 1945

Registration District No. 2 — Primary Registration District No. 3056 — Registrar's No. 105

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly Mo 325 Chandler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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): Life Time
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly (If outside city or town limits, write "RURAL")
(d) Street No.: 325 Chandler (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James S. Martin
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar (Month) 9 (Day) 1865 (Year)
8. AGE: Years 80 Months 2 Days 22 If less than one day hr. min.
9. Birthplace: Cairo Randolph Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: John Martin
13. Birthplace: Don't know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucinda Smithfield
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Jack Hall
(b) Address: 325 Chandler Moberly Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 6-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery Moberly Mo
18. (a) Signature of funeral director: Earl A. Thompson
(b) Address: Madison Mo
19. (a) 6-2-45 (Date received local registrar) (b) Irma Rowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1945 hour 8:00 minute a.m.
21. I hereby certify that I attended the deceased from May 19th 1945 to June 1st 1945 that I last saw him alive on May 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 Da
Due to Chronic Myocarditis.	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: G38
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):
(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: W. H. McCormick D.O. (M. D. or other)
Address: 300½ Reed St. Moberly Mo. Date signed: June 1 1945

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1071
Date Filed JUL 1 3 1945

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 Mrs Trudy Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Ky

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.