

FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH

State File No.

359

Registration District No. 3-43

Primary Registration District No. 6431-5147

Registrar's No. 150

1. PLACE OF DEATH:

Butler

- (a) County: Naylor
- (b) City or town: Naylor  
(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)

3. (a) PRINT FULL NAME: John 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: Married
- 6. (b) Name of husband or wife: Gennetter Martin
- 6. (c) Age of husband or wife if alive: 66 years
- 7. Birth date of deceased: Dec 25 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace: Remick Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Ginner

11. Industry or business: \_\_\_\_\_

- 12. Name: Allen Martin
- 13. Birthplace: Unknown (State or foreign country)
- 14. Maiden name: Unknown
- 15. Birthplace: Unknown (State or foreign country)

16. (a) Informant: Gennetter Martin

(b) Address: Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cem. Hayti, Delisle Funeral Parl

18. (a) Signature of funeral director: Portageville, Mo.

(b) Address: \_\_\_\_\_

19. (a) 12-17-45 (Date received local registrar) (b) Art. Munnick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State: Mo
- (b) County: Ripley 91
- (c) City or town: Naylor Mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 6 1945 Oct 6 1945 that I last saw him alive on Oct 6 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: angius pectoris

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: no

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? no

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

23. Signature: Stewart (M. D. or other) M. B.

Address: Naylor Mo Date signed: Oct 8 - 1945

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

1200

1422

RECEIVED

District Health Office No. 2,

District File Number 1245-3411

Date Filed 12/19/45

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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

*Leonard J. Yargo*

Licensed Embalmer No.

*4336*

P. O. Address

*Portageville 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.**