

S. No. 2
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

2657

State File No. _____

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town King City
(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 _____)
In this community 60 Yrs. (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. King (b) County Gentry 38

(c) City or town King City Mo. (If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Edward Martin.

3. (b) If veteran, name war No. 3. (c) Social Security No. 493-18.4065

4. Sex Male 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Lula. 6. (c) Age of husband or wife if alive 74. years

7. Birth date of deceased Nov. 5. 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>11'</u>	____hr. ____min.

9. Birthplace Ohio. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Same.

12. Name A.S. Martin.

13. Birthplace Unknown. (City, town, or county) (State or foreign country)

14. Maiden name Martha Troxell

15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Lula Martin.

(b) Address King City Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 18. 1946
(Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R.S. Taggart

(b) Address King City Mo.

19. (a) Jan 25 - 1946 (Date received local registrar) (b) Harmon W. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13. year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 13 1946 to Jan 13 1946
that I last saw him alive on Jan 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to "apoplexy"

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank G. Barnes, D.O. (M.D. or other)

Address King City, Mo Date signed Jan 14 1946

820
603
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

103

JAN 25 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *R. L. Taggart*

Licensed Embalmer No. 2563.

P. O. Address King City 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.