

FILED FEB 13 1946

Registration District No.

Primary Registration District No. 3046

1. PLACE OF DEATH:

(a) County Monteau  
(b) City or town California  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME - OTIS 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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
(Month) (Day) (Year)

7. Birth date of deceased Dec 2 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 3 If less than one day  
hr. min.

9. Birthplace Miller County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER  
12. Name Jno Clark Marten  
13. Birthplace Miller County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Thompson  
15. Birthplace Miller County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Keis Marten  
(b) Address Brunley Mo

17. (a) Burial (b) Date thereof 1-8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunley Mo

18. (a) Signature of funeral director Oran G. Adams  
(b) Address Osina Mo

19. (a) 1-8-46 (b) H. R. Popovoy  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co  
(c) City or town Rural  
(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 Jan day 5  
year 1946 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 4  
1946 to Jan 5 1946  
What I last saw him alive on Jan 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Shock following  
Prostatectomy 12 hrs

Due to Hypertrophied prostate 10 yrs

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 137W

Major findings: Hypertrophied prostate  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature L. L. Latham (M. D. or other) \_\_\_\_\_  
Address California Mo Date signed 1-7-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-11-46

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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

*Roxan L. Adams*

Licensed Embalmer No. 4207

P. O. Address

*Shelby, 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.