

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6434

State File No. \_\_\_\_\_

FILED FEB 28 1946

Registration District No. 201

Primary Registration District No. 5739

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Macou  
(b) City or town Rural, Richland Township  
(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 2 (Specify whether  
In this community 55 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macou  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel E. Martin

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bettie M. Martin 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased man (Month) 4 (Day) 1867 (Year)

8. AGE: Years 78 Months 10 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Geo Martin  
13. Birthplace Indiana (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

{ 14. Maiden name Mary Cloud  
15. Birthplace Indiana (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Mrs Bettie M. Martin

(b) Address Lallato mo

17. (a) Rural (b) Date thereof 1-30-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lallato mo

18. (a) Signature of funeral director F. S. Christie

(b) Address Lallato mo

19. (a) Jan 29 46 (b) Mr. O. B. Trapp (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1946 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis

Due to dropped dead on back porch  
7 holes. Had been working  
Due to around the farm land to  
the house, was brushing his  
Other conditions shoes with broom on porch  
(Include pregnancy within 3 months of death) when he fell dead.

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 930

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

(a) Accident, suicide, or homicide (specify) dropped dead

(b) Date of occurrence 1-28-1946

(c) Where did injury occur? Lallato mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
about home on farm

While at work? yes (Specify type of place) (e) Means of injury fell dead

23. Signature H. L. Edwards (M.D. or other)

Address Beverly Mo Date signed 1/29/46

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

100

186

MAR 4 1946

RECEIVED

District Health Officer No. 10

District File Number 2-46-309

Date Filed FEB-25-1946

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

*D. S. Christie*

Licensed Embalmer No.

1109

P. O. Address

*La Plata 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.