S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8171

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Jump
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mo. State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Nov. 14-1939 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 97

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Tony Di Martini

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~~

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 26 - (Day) 1927 (Year)

8. AGE: Years 18 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Charles Di Martini

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

14. Maiden name Angelina Giovendale

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

16. (a) Informant Records Mo. State School

(b) Address Marshall Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall Mo.

19. (a) 2-15-46 (Date received local registrar) (b) Mrs T. Quisenberry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 14 day 14th year 1946 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb-1-1946, 19..., to Feb-14, 1946; that I last saw him alive on Feb 13 - 1946, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary T. B.	
Idiot	
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. S. James M.D. (M. D. or other)

Address Marshall Mo. Date signed 2-14-46

294 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 3-12-46

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 W Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.