

No. 2
4-5-43
5-17-39
I X36671

State File No.

FILED APR 25 1946

Primary Registration District No. 5488

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural Sherman Twp
(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 about 17 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sherman Twp. D
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Dan J. 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, widowed

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

7. Birth date of deceased Nov 25 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business _____

12. Name Morris M. Martin

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

14. Maiden name Eliza Cady
(City, town, or county) (State or foreign country)

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

16. (a) Informant S. L. Martin
(b) Address Bethany Mo

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

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo

19. (a) Mar 8 1946 (b) Zola Burges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1946 to Feb 27 1946; that I last saw him alive on Feb 27 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage

Due to Hypertension 6 months

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? _____

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

23. Signature G. M. Jopst (Mr. Over other) 2
Address Bethany Mo Date signed 3/7/46

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

8050

116

**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..... *Joe E Wheeler*.....
Licensed Embalmer No. *3512*.....
P. O. Address..... *Westham 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.