

FILED MAY 27 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 378

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
815 N. Jefferson Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
Springfield, 815 N. Jefferson 3  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 815 N. Jefferson  
(If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME Kenneth B. 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 Married

6. (b) Name of husband or wife Nancy P. Martin 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 2, 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer & Teacher

11. Industry or business Farming and Teaching

MOTHER FATHER { 12. Name Joseph Martin  
13. Birthplace UNK. Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Licinda Beets  
15. Birthplace UNK. Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Martin

(b) Address 815 N. Jefferson Ave., Springfield

17. (a) Burial (b) Date thereof 5-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cem.

18. (a) Signature of funeral director J.W. Kingman & Co.

(b) Address Springfield Mo.

19. (a) 5-4-46 (b) S. N. Handy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 29  
1945 to May 3 1946

that I last saw him alive on May 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic degenerative  
cardiovascular  
renal disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1310

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 0

23. Signature Arthur H. Mathis or other MD  
Address 400 E. Court St. Date signed 4-4-46

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

15213

9  
2  
6

111

Spfld, Mo.

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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 Ogle Stone Jr.  
Licensed Embalmer No. 4126  
P. O. Address Springfield 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.**

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