

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

State File No. _____

FILED AUG 20 1946
 Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 210 North Roane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Infant Daughter of A. Martens

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex F. / 5. Color, or race W.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 17 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>1</u>	hr. _____ min. _____

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

10. Usual occupation infant

MOTHER FATHER

11. Industry or business _____

12. Name Arthur A. Martens

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

14. Maiden name Esther Perry

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

16. (a) Informant Mother Mrs. A. Martens

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

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

(b) Address Webb City, Mo.

19. (a) 7-3046 (b) E. B. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July 17-46
 _____, 19____, to July 18, 19____
 that I last saw her alive on 17/July, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Thymic death Duration _____

Due to Enlarged Thymus

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy 64

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 E. B. James (M. D. or other) _____
 Address 311 Morris Bldg Date signed 7-25-46

46-7-667

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..... *W. H. Sledge*

Licensed Embalmer No. *3859*

P. O. Address..... *W. H. Sledge*

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.