

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

FILED SEP 18 1946

Registration District No. 155 Primary Registration District No. 5580 State File No. Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carl Junction, R. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
TWIN GROVES TWP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Alfred 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 Maggie Scott Martin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 5 8 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Martin

13. Birthplace Licking, Mo.
(State or foreign country)

14. Maiden name Sarah Payne
(State or foreign country)

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

16. (a) Informant RECORDS.

(b) Address Carl Junction, Mo., R. 1.

17. (a) Removal (b) Date thereof 9-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery, Licking, Mo., 9-13-46

18. (a) Signature of funeral director Roney Funeral Service

(b) Address Carl Junction, Mo.

19. (a) Sept 12, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural TWIN GROVES TWP.
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi. North, 1 1/2 west of Carl Jct., Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1946 hour 12 minute 2 A.M.

21. I hereby certify that I attended the deceased from July 16, 1946 to Aug 27, 1946
that I last saw him alive on Aug 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration 6 months

Due to _____

Due to _____

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

Major findings: 46 D

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 P. L. Alberty (M. D. or _____)
Address Carl Junction, Mo. Date signed Sept 11, 1946

46-8-793

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.