. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33107

FILED OCT 24 1946

Registration District No. 88 Primary Registration District No. 4142 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville, Mo. (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26

(c) City or town Russellville, Mo. (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James Paul Martin

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 0 5. Color or race White 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 Feb. 6th (Month) 1908 (Day) (Year)

8. AGE: Years 38 Months 8 Days 10 If less than one day hr. min. 0

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

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name W. E. Martin
13. Birthplace Iberia, Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Margurite Koester
15. Birthplace St. Elizebeth, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant W. E. Martin
(b) Address Russellville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Michael's Cem. Russellville, Mo.

18. (a) Signature of funeral director Tingo H. Schubert
(b) Address Russellville, Mo.

19. (a) Oct. 18 (Date received local registrar) (b) Mrs. Minnie Hettenmeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1946 hour 3:45 minute P. M.

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

	Duration
Immediate cause of death: Diabetes Mellitis Diabetic Coma	7 hrs
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 0

23. Signature Walter L. Leslie (M. D. or other)

Address Russellville Mo Date signed 10-18-46

70

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-23-46

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 Hugo N Schubert

Licensed Embalmer No. 2826

P. O. Address Russellville, 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.