

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33140
Registrar's No. 71

FILED NOV 15 1946

Registration District No. 96

Primary Registration District No. 1-3 47

1. PLACE OF DEATH:

(a) County Dallas

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

(c) Name of hospital or institution North Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Dallas

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT JUNIOR MARTIN

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

4. Sex Male 5. Color or 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 Oct 7 1946
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Albert Martin

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

14. Maiden name Blady Martin

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

16. (a) Informant Albert Martin

(b) Address Buffalo Mo

17. (a) Buried (b) Date thereof 10-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph

18. (a) Signature of funeral director [Signature]

(b) Address Buffalo Mo

19. (a) 11-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7 Oct 1946 to 8 Oct 1946
that I last saw him alive on 8 Oct 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration pneumonia Duration 1 day

Due to _____

Due to _____

Other conditions Premature birth 7/2 mo
(Include pregnancy within 3 months of death)

Major findings: 19
Of operations 15

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:

(c) 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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Buffalo Date signed 10-10-46

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

31968

80

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT OF COLUMBIA
DISTRICT OF COLUMBIA
10-16-2002
11-14-46
Date filed

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 Maria B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.