

S. No. 2
1-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

34557

FILED OCT 23 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 321

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Knoblick
 (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: 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Francois
 (c) City or town Knoblick
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bert Homer Martin
 (b) If veteran, name war _____ (c) Social Security No. _____
 4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Bernice Mullins 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased March 10, 1914
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 13 year 1946 hour 3 minute A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>32</u>	<u>7</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death acute alcoholism
 Due to Information from family he had heart trouble previous to this.
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Knoblick, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Leadmines
11. Industry or business _____
MOTHER FATHER
 12. Name Sylvester Martin
 13. Birthplace Doe Run Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Dion
 15. Birthplace Doe Run Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Lester Plummer
 (b) Address Knoblick, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof NOV 15 1946 (Month) (Day) (Year)
 (c) Place: burial or cremation Knoblick Mo.
18. (a) Signature of funeral director C. H. Cozean
 (b) Address Farmington, Mo
19. (a) 10-15-46 (Date received local registrar) (b) Ethel Rudloff (Registrar's signature)

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 Paul J. Miller (M.D. or other) Coroner
 Address Farmington, Mo Date signed 10/12/46

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
District File Number 1046-2777
Date Filed 10-22-46

NOV 28 1948

OCT 29 1946

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 [Signature]
Licensed Embalmer No. 4084
P. O. Address Farmington, N.H.

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.