

No. 2
-12-45
5-17-39
X47070

Registration District No. 155 Primary Registration District No. 4244

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(c) Name of hospital or institution: 604 N. KENTUCKY
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 4 yrs

3. (a) PRINT FULL NAME William Chas. Martz
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced, or separated Married
6. (b) Name of husband or wife Essie Martz
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 28 1894 (Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business

12. Name Peter Martz

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

14. Maiden name Margaret Harnett
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Essie Martz
(b) Address Carterville Mo.

17. (a) Burial (b) Date thereof Nov 5 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Mo.

18. (a) Signature of funeral director W. H. City and Co
(b) Address W. H. City and Co

19. (a) NOV 4 1946 (b) J. C. Burkhead (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(d) Street No. 604 N. Kentucky
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

20. DATE OF DEATH: Month Nov day 21 year 1946 hour 7:10 minute P M.
21. I hereby certify that I attended the deceased from 6:25 1946 to Nov 2 1946
that I last saw him alive on Nov 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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) (c) Means of injury
23. Signature J. C. Burkhead (M. D. or other)
Address W. H. City and Co Date signed 11/4/46

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

MOTHER FATHER

46-11-922

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.....

Hervey L. Armer....., Registered Apprentice No. 412
working under my personal supervision.

Signed Rayton M. Johnston.....

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.