

7. S. No. 2
FORM-9-4-41
7. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37959
State File No. 37959

Registration District No. 286

Primary Registration District No. 5978

Registrar's No.

1. PLACE OF DEATH:

(a) County Pack

(b) City or town Russell Johnson
(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 Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CEDAR

(c) City or town RURAL
(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 Sobn FRANKLIN MARTIN

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-01-4983

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Martin 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 15 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Cedar Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name William Martin

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

14. Maiden name Belle (If deceased)

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

16. (a) Informant Wm. J. Martin

(b) Address Columbus Mo.

17. (a) Burial (b) Date thereof Nov 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director E. H. ...

(b) Address Humansville Mo.

19. (a) Nov 22, 1946 (b) Virville Kirkpatrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1946 hour 12:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from September 14 to Nov. 19 1946

that I last saw him alive on Nov 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration _____

Due to Carcinoma of liver & stomach 3 mo.

Due to Following melanoma of arm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46

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) Means of injury _____

23. Signature D. E. Wetzel _____ (Date signed Nov 19 1946)

Address Humansville Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
36776

RECEIVED
DISTRICT NO. 11
DATE FILED
11-16-30

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. H. Pimm
Licensed Embalmer No. 4282
P. O. Address Humansville, 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.