

S. No. 2
OM-5-43
rv. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 271
Registrar's No. 11

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 3 1/2 Hrs. Hosp't.
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Rural #1
(d) Street No. Mitchell Ave. Road
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Allie Mae Martin
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife H. N. Martin (c) Age of husband or wife if alive 46 years
7. Birth date of deceased January 1 1920

8. AGE: Years 27 Months 0 Days 0 If less than one day hr. min.

9. Birthplace St. Joseph Missouri

10. Usual occupation Housewife

11. Industry or business None

12. Name H. E. Davenport

13. Birthplace Omaha Nebraska

14. Maiden name Nellie Logan

15. Birthplace Merrill Missouri

16. (a) Informant Mr. H. L. Martin

(b) Address R.F.D.#1, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 3, 1947

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Norman W. Duffaden
(b) Address 1802 Union St, St. Joseph, Mo.

19. (a) 1-6-47 (b) L. E. Jenkins

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1
year 1947 hour 4 minute 30 A. M.

21. - I hereby certify that I Viewed deceased from January 1 1947, to 19, and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by fire arms

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1642

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence January 1, 1947

(c) Where did injury occur? Rural St. Joseph, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) (e) Means of injury Gun

23. Signature B. W. Tadlock (M. D. or other) Colonel

Address King Hill Bldg. Date signed 1/6/47

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

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

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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph 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.