

FILED JAN 20 1947

Registration District No. 383

Primary Registration District No. 3039

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: St Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Days
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Henry Martin

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. ✓

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Catherine Kennedy Martin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 15 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace DeKalb Co Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Martin

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

14. Maiden name Muir

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

16. (a) Informant Wm Martin

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Jan 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Killard

18. (a) Signature of funeral director James M. Haughlin

(b) Address Marceline Mo

19. (a) 1-13-47 (b) J. E. Shelton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 56

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

(d) Street No. N. Missouri Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1947 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 9 1947 to Jan 12 1947
that I last saw him alive on Jan 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 36 hrs.

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature B. B. Hurst (M. D. or other) _____
Address Marceline Mo Date signed 1-13-47

168

**DISTRICT HEALTH OFFICE
Cameron, 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 Blanche McLaughlin
Licensed Embalmer No. 1909
P. O. Address Marceline 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.