

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4319**

FILED FEB 17 1947

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 26 years Excelsior Springs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 27

(c) City or town Excelsior Springs 5
(If outside city or town limits, write "RURAL")

(d) Street No. 105 Farris St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FRANK MARTIN

3. (b) If veteran, name war NO

3. (c) Social Security No. 491-01-9246

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Anna C. MARTIN

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 2, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>21</u>	hr. min.

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

10. Usual occupation MINER, COAL

11. Industry or business _____

MOTHER FATHER

12. Name Frank Martin

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

14. Maiden name Ella Bullen

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

16. (a) Informant E. W. Helge

(b) Address 105 Farris, Excelsior Springs

17. (a) Burial (b) Date thereof Jan 25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs Mo

19. (a) 2/1/47 (b) Edsel H. Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 23
year 1947 hour 6:00 minute 9 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Definition

Due to _____

Due to Coronary thrombosis

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) Coronary thrombosis

(b) Date of occurrence 1-23-1947

(c) Where did injury occur? Excelsior Springs Clay Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home, 105 Farris St.
(Specify type of place)

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

23. Signature Rev. Cracher Coron (M. D. or other)

Address Excelsior Springs Mo Date signed 1-23-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-47

JUN 1 1947

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.