

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

FILED JUL 26 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **650**

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:  
St. Johns Hospital *0*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE P. MARTIN

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male *0* 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Simpson Martin

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

7. Birth date of deceased June 17, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>1</u>	<u>3</u>	hr. min.

9. Birthplace Bostic, North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Operator of Piano Company

11. Industry or business Music

MOTHER FATHER

12. Name Hal Martin

13. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Webb

15. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Simpson Martin

(b) Address 947 South Weller Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
Springfield, Missouri

(b) Address Springfield, Missouri

19. (a) 7-23-47 (Date received local registrar) (b) W. E. Hurdley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene *39*

(c) City or town Springfield *2*  
(If outside city or town limits, write "RURAL")

(d) Street No. 947 South Weller Avenue *6*  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) *0*

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1947 hour 9: minute 00 A. M.

21. I hereby certify that I attended the deceased from 7:00 A.M., July 16, 1947 to 8:00 A.M., July 19, 1947 that I last saw him alive on July 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, acute

Due to Arteriosclerosis, coronary thrombosis

Due to \_\_\_\_\_

Other conditions Arteriosclerosis h. di  
(Include pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(e) Means of injury 0

23. Signature Alan O. Turner (M. D. 0)  
Address Medical Arts Bldg. Date signed 7/23/47

APR 30 1948

651 70 400

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.....

*Lee Mason*....., Registered Apprentice No. *477*  
working under my personal supervision.

Signed *Jewell C. Mudd*.....

Licensed Embalmer No. *2531*.....

P. O. Address *Springfield 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.**