

FILED AUG 7 1947

Registration District No. 3

Primary Registration District No. 5820

Registrar's No. 66

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural (Anderson Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles South East, Malden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME John Harve Martin

3. (b) If veteran, name war no 3. (c) Social Security No. 491-16-0057

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ora Lee Martin 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 20 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 2 hr. min.

9. Birthplace Dexter Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Above

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) - Informant: John Leonard Martin

(b) Address: Annapolis, Missouri

17. (a) Burial (b) Date thereof: 7-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Malden Memorial Park

18. (a) Signature of funeral director: Day Funeral Home

(b) Address: Malden, Missouri

19. (a) July 28, 1947 (b) Drs. Byron Sharp
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles South East of Malden
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1947 hour 11:00 minute 0 A. M.

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

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

Immediate cause of death: Shot self with shot gun in left side of face due to add head.

Due to _____

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy No

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

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 22 - 1947
(c) Where did injury occur? New Madrid, Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Leo Helgepeth Carover 3
(M.D. or other) (Date signed) July 22 47
Address New Madrid Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

72
0
0

72
0
0
0

RECEIVED

District Health Office No. 2,

District File Number 847-1263

Date Filed 8-5-47

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 J. G. Shannon
Licensed Embalmer No. 4086
P. O. Address Malden

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.