

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22250**
Registrar's No. **219**

Registration District No. **207** Primary Registration District No. **3019**

1. PLACE OF DEATH:
(a) County **Dunklin**
(b) City or town **Kennett Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **62 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Dunklin** **35**
(c) City or town **Kennett Mo.**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **709 E. 4th St.**
(If rural, give location) **D**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Cleveland Martin**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **18th**
year **1947** hour **6** minute **30** M.
21. I hereby certify that I attended the deceased from **april 1st**
_____ 19 **47** to **aug 18** 19 **47**
that I last saw h. e. M. alive on **aug. 18, 1947** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Myrtle Martin**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **December 20 1885**
(Month) (Day) (Year)
8. AGE: Years **61** Months **7** Days **28**
If less than one day _____ hr. _____ min.

Immediate cause of death
Congestive Heart Failure
Due to **Hypertensive Cardiovascular disease**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

9. Birthplace **New Madrid Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farming**
11. Industry or business **Farming**
12. Name **William Martin**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **Myrtle Martin**
(b) Address **709 E. 4th St. Kennett Mo.**
17. (a) **Burial** (b) Date thereof **8-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Gregory Cemetery**
18. (a) Signature of funeral director **Lentz Service**
(b) Address **Kennett Mo.**
19. (a) **8-18-47** (b) **Carl Husband**
(Date received local registrar) (Registrar's signature)

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 **D**
23. Signature **Chester H. Beck** (M. D. or other) **M.D.**
Address **Kennett Mo.** Date signed **aug 19 1947**

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

MOTHER FATHER

19

RECEIVED

District No. Office No. 2

District File Number 897-113

Date Filed 8-26-4

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.