S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 19 1947

Registration District No. 34

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30364

Primary Registration District No. 4045

Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Ashland (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 years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Ashland (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edward Frank 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: Married
6. (b) Name of husband or wife: Addie Martin
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: July (Month) 18 (Day) 1868 (Year)

8. AGE: Years 79 | Months 1 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer Retired
11. Industry or business .....

FATHER
12. Name: Robert H Martin
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy E Harris
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Addie Martin
(b) Address: Ashland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: New Salem Cemt
18. (a) Signature of funeral director: Wm C Burnett
(b) Address: Ashland Mo
19. (a) 9-6-47 (Date received local registrar) (b) Mrs Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1947 hour 8 P minute ..... M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Sept 6 1947 that I last saw him alive on Sept 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac insufficiency — Duration .....
Due to: ..... — Duration .....
Due to: ..... — Duration .....
Other conditions (Include pregnancy within 3 months of death): ..... — Duration .....
Major findings: Of operations: ..... Of autopsy: .....

PHYSICIAN — Underline the cause of 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: H. B. Dryer (M. D. or other)
Address: Ashland Mo Date signed 9-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed SEP 18 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 Wm. C. Burnett

Licensed Embalmer No. 3567

P. O. Address Oakland, 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.