S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37470

Registration District No. 73 Primary Registration District No. 4133 Registrar's No. 79

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Kearney 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) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Kearney Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John William B. Martin
3. (b) If veteran, name war: No
3. (c) Social Security No. None
4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 15 (Day) 1877 (Year)

8. AGE: Years 70 Months 3 Days 12 If less than one day hr. min.

9. Birthplace: Fortworth Texas 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter & Interior Deco.
11. Industry or business: General Carpenter Work
MOTHER FATHER
12. Name: Thomas W. Martin
13. Birthplace: Clay Co Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name: Emily L. Bradley
15. Birthplace: Andrew Co Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Susan Martin
(b) Address: Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Camden Point Mo
18. (a) Signature of funeral director: Leonard Fry
(b) Address: Kearney Mo
19. (a) Nov. 28-1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 10, 1947 to Nov 27, 1947 that I last saw him alive on 11-26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	4 days
Due to Haemorrhage into Right Pleural cavity discovered	
Due to about ten days ago. Pressure, dyspnoea, relieved	
Other conditions: Somewhat — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Left pleural cavity contained 3 quarts of bloody fluid & blood.
Of autopsy: Rolled off from greatly compressed lung.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: W. H. Gaadson M.D.
Address: Liberty Mo Date signed 11/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-11-47

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.