

FILED DEC 6 1947

Registration District No. **115-**

Primary Registration District No. **4187**

Registrar's No.

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Union
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
111 Christina St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Union
 (If outside city or town limits, write "RURAL")
 (d) Street No. 111 Christina St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Isaac Martin
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 490-14-7524

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 26th, year 1947 hour 3 minute 45 P.M.
 21. I hereby certify that I attended the deceased from 6-15, 1943, to Nov 26, 1947.
 that I last saw h. alive on Nov 26, 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 Willie Martin 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased February 22 1887
 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion (Thrombosis) Duration 24 hrs
 Due to Artery Sclerosis
 Due to Cardio Vascular Disease 5 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>25</u>	hr. min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations None
 Of autopsy.....
 PHYSICIAN None
 Underline the cause to which death should be charged statistically.

9. Birthplace Dixon Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

11. Industry or business.....
 12. Name Eliza Martin
 13. Birthplace Dixon Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Mary Helton
 15. Birthplace Dixon Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Willie Martin
 (b) Address Union Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47
 (Month) (Day) (Year)
 (c) Place: burial or cremation Union Mo.

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.....
 23. Signature B. A. Strickman (M. D. or other) M.D.
 Address Union, Mo. Date signed 11-28-47

18. (a) Signature of funeral director E. F. Oldham
 (b) Address Union Mo.
 19. (a) Nov. 29 1947 (Date received local registrar) T. J. Cooper (Registrar's signature)

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

6
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 5 1947

DEC 10 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..... *E. H. Ottman*

Licensed Embalmer No. *1686*

P. O. Address..... *Union Me*

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.