

No. 2
-12-45
5-17-39
1 X47070

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

49352

State File No. _____

FILED JAN 12, 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1548

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital no 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 11 mo 12 days
 (Specify whether In this community 1 yr 11 mo 12 days
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Saline 11
 (c) City or town Napton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural 7
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John C. B. Martin
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 29
 year 1947 hour 8 minute 40 A M.
 21. I hereby certify that I attended the deceased from Dec
1, 1947, to Dec 29, 1947
 that I last saw him alive on Dec 28, 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 Eliess Carolina Martin
 6. (c) Age of husband or wife if alive not given years
 7. Birth date of deceased July 25 1864
 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
 Due to Arterio sclerosis
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
<u>✓</u>	<u>83</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Napton Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Merchant
 11. Industry or business Grocery Business
 12. Name Charles Martin
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Lerena Smith
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant Jane B. Baker
 (b) Address Napton, Mo
 17. (a) Removal (b) Date thereof 12/29/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Marshall, Mo.
 18. (a) Signature of funeral director Neaton Bowman
 (b) Address St. Joseph, Mo
 19. (a) 1-2-48 (b) E. E. Jenkins
 (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 _____
 23. Signature Forrest Thomas (M. D. or other) _____
 Address St. Joseph, Mo Date signed 12/29/47

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

MOTHER FATHER

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

MAR 23 1949

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.....

James B. Hawkins....., Registered Apprentice No. *27*
working under my personal supervision.

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 So 10th St. Joseph, 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.