-1/47
-17-39

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

National Office of Vital Statistics
FILED JAN 7 1948

STANDARD CERTIFICATE OF DEATH

State File No. 41158

Registration District No. 71 | Primary Registration District No. 3012 | Registrar's No. 199

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 year 1 day (Specify whether years, months or days)
In this community: 1 year 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Arkansas (b) County: Sebastian 999
(c) City or town: Fort Smith 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 207½ No. 8th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Hiram G. Martin
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: Yes-not remembered.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Elsie Martin
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: October (Month) 22 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	1	20	hr. min.

9. Birthplace: Wister (City, town, or county) Okla. (State or foreign country) 1
10. Usual occupation: Electrician
11. Industry or business: —

FATHER
12. Name: Hiram G. Martin
13. Birthplace: -- (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Sarah J. Woiles
15. Birthplace: -- (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-16-47 (Month) (Day) (Year)
(c) Place: Removed to: Ft. Smith, Ark.
18. (a) Signature of funeral director: Chas U Hope
(b) Address: HOPE FUNERAL HOME Excelsior Springs, Mo.
19. (a) 12/16/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 12 year: 1947 hour: 7:15 minute: A M.

21. I hereby certify that I attended the deceased from Dec. 11 1946 to Dec. 12 1947 that I last saw him alive on Dec. 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, reinfection type, far advanced, active.	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: NO 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? —
While at work? -- (Specify type of place) (e) Means of injury: —

23. Signature: Stanley C. Stroff (M. D. or other) M.D
STANLEY C. STROFF
Address: Veterans Administration HOSPITAL, Excelsior Springs, Mo. Date signed: 12-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8

District File Number

Date Filed 1-5-48

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 Chas V Hoge

Licensed Embalmer No. 3950

P. O. Address Ey Springs 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.