1/47
17-39

National Office of Vital Statistics

FILED JAN 9 1948

STANDARD CERTIFICATE OF DEATH

State File No. 44004

Registration District No. 566 Primary Registration District No. 6244 Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Cadet Rural (Union)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 YRS. 10 MO. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County WASHINGTON
(c) City or town CADET RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MI. NORTH, R1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE W. MARTIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IONA MARTIN
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased SEPT. (Month) 25 (Day) 1885 (Year)

8. AGE: Years 62 Months 2 Days 7 If less than one day hr. min.

9. Birthplace COURTOIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation MINER.
11. Industry or business SELF.
FATHER
12. Name ROBERT C. MARTIN
13. Birthplace TENNISEE (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY ANN WILLIAMS
15. Birthplace TENNISE (City, town, or county) (State or foreign country)
16. (a) Informant BELLE WILLIFORD
(b) Address ELVINS MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 4-47 (Month) (Day) (Year)
(c) Place: burial or cremation BISMARCK MO.
18. (a) Signature of funeral director Bogan Funeral Home
(b) Address TOTOSI MO.
19. (a) 1/1/48 (Date received local registrar) (b) Helen Kendall 403 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions Arteria-Sclerosis
(Include pregnancy within 3 months of death)
Major findings and cerebral
Of operations
Of autopsy Hemorrhage 1947

Duration

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 G. F. Cresswell (M. D. or other)
Address Potosi, Mo. Date signed 12/2/47

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

RECEIVED

District Health Officer No. 4

District File Number 148-37

Date Filed 1-8-48

JAN 9 1948

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 Howard Heggenstaller Registered Apprentice No. 53 working under my personal supervision.

Signed H. B. Boyd

Licensed Embalmer No. 4148

P. O. Address Potosi 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.