

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED JAN 22 1948  
Registration District No. 3019 Primary Registration District No. 3019 Registrar's No. 11

1. PLACE OF DEATH:  
(a) County DUNKLIN  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community life time years, months or days)

3. (a) PRINT FULL NAME Baby Boy Martin  
3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1-12-1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 6 hr. \_\_\_\_\_ min.

9. Birthplace Kennett - Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Louis Martin  
13. Birthplace Wayne Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathleen Myers  
15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Martin  
(b) Address Kennett - Mo.

17. (a) Burial (b) Date thereof 1-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazel Cemetery

18. (a) Signature of funeral director John F. Leonard  
(b) Address Kennett, Mo.

19. (a) 1-16-1948 (b) Carl Schubert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County DUNKLIN 35  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 Randol Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th  
year 1948 hour 6:40 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 11:45 A.M.  
Jan 12, 1948, to 6:40 P.M., Jan 12, 1948  
that I last saw him alive on Jan 12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death fatal anemia  
Due to Prematurity

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. R. Peck M.D. (M. D. or other) M.D.  
Address 115 St. Francis Date signed Jan 13 1948

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 148-117

Date Filled 1-19-48

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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.....

*- This body was not embalmed -*  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Henry F. Leonard*.....

Licensed Embalmer No. *4457*.....

P. O. Address *Fennett*.....

**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.**