

No. 2  
-5-43  
5-17-39  
X36671

FILED FEB 17 1948

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **47**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Poplar Bluff hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_ (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stoddard / 03**

(c) City or town **Bloomfield** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? **No.** (Yes or No) \_\_\_\_\_

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Martin Leman Larsen**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 20, 1895**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>8</b>	<b>9</b>	hr. _____ min.

9. Birthplace **Near Aid, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Preston Larsen**

13. Birthplace **Stoddard co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie Ellen Temples**

15. Birthplace **Carbondale, Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Norvel Larsen (Brother)**

(b) Address **Aid, Missouri.**

17. (a) **Burial** (b) Date thereof **Feb. 1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harper cemetery**

18. (a) Signature of funeral director **Chiles Und. Co.**

(b) Address **Bloomfield, Mo.**

19. (a) **2-7-48** (b) **R. Brunette**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **29th**  
year **1948** hour **10:10** **P.M.**

21. I hereby certify that I attended the deceased from **Jan 27, 1948** to **Jan 29, 1948**  
that I last saw him alive on **Jan 29, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma** **3 day**

Due to **Diabetic mellitus**

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations **69**

Of autopsy \_\_\_\_\_

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 **Frank E. Powell** (M. D. or other) **m.d.**  
Address **Poplar Bluff Mo** Date signed **2/4/48**

RECEIVED

District Health Office No. 2,

District File Number 248-233

Date Filled 2-16-48

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Lulu Cooper*

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.**