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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 118

1. PLACE OF DEATH:

(a) County BUICK  
(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 4 days specify whether  
In this community 6 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne  
(c) City or town Linnell  
(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 JOHN CHARLES MARTINIE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 246076192

4. Sex M 5. Color or race W 6. (a) Single, widowed, married 2 divorced widowed

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

7. Birth date of deceased: AUGUST 31 1912  
(Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: ARRINGTON KY.  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business CONSTRUCTION

12. Name WILLIAM T. MARTINIE

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name HOLLIE M. PERRY

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Beery

(b) Address East St. Louis Illinois

17. (a) Burial (b) Date thereof: 3 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Illinois

18. (a) Signature of funeral director G. J. Marshall

(b) Address Linnell Mo

19. (a) 4-2-48 (b) G. J. Marshall  
(Date received local registrar) (Registrar's signature) 2.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1948 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from  
3-24- 1948 to 3-27- 1948  
that I last saw him alive on 3-27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull

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

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations NO  
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) Accident (auto)

(b) Date of occurrence 3-27-48

(c) Where did injury occur? Approximately 9 mi N. of Poplar Bluff, Mo. at Butler-Wayne Co. line  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Bluff, Mo. at Butler-Wayne Co. line  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Auto accident

23. Signature Frank E. Small (M. D. or other) MD

Address Poplar Bluff Mo Date signed March 29 1948

(Licensed Embalmer's Statement on Reverse Side)

Filed & taken 1948

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 448-44

Date Filed 4-5-48

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.....

Tris S. Marshall....., Registered Apprentice No. 91  
working under my personal supervision.

Signed William Coder.....

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.