. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11856

Registration District No. 69 — Primary Registration District No. ~~4-1-2-~~5273 — Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Nixa Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(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)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Christian
(c) City or town: Nixa Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George E. Martin
3. (b) If veteran, name war: 0
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: Josie M. Martin
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Jan. (Month) 30 (Day) 1879 (Year)

8. AGE: Years 69 | Months 1 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Rock Mason
11. Industry or business:
FATHER
12. Name: Frank Martin
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Hodge
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant: Josie M. Martin
(b) Address: Nixa Mo.
17. (a) Burial: Burial (Burial, cremation, or removal) (b) Date thereof: March 26 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jones Cemetery
18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark Mo.
19. (a) Mar. 26 - 48 (Date received local registrar) (b) Alline Dean (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 20, 1948, to Mar. 20, 1948, that I last saw him alive on Mar. 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	2 months
Due to: Cerebral Hemorrhage	10 days
Due to: Injury left hip from Waist	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: G.B.D.

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: 0
23. Signature: W. B. Wilson (M. D. or other)
Address: Nixa Mo. Date signed: 3-25-48

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

RECEIVED
District Health Officer No. 6,
District File Number 448-466
Date Filed APR 21 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer, No. 2192

P. O. Address Ozark 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.