S. No. 2
M—8-43
5-17-39
I X37823

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12184

FILED MAY 12 1948

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 302 A

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 441 N. Nettleton Ave., 1
(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 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene 39

(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 441 N. Nettleton 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: Bertha Martin

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

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: June 8, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	10	0	_____ hr. _____ min.

9. Birthplace: unknown (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation _____

11. Industry or business: Home

FATHER
12. Name: John George Martin
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Barbara Kleug
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Perter Martin
(b) Address: 3927 Central, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 10, '48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Klingner Funeral Home
(b) Address: Springfield Mo.

19. (a) 4-10-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 8 year: 1948 hour: minute: 5:30 A.M.

21. I hereby certify that I attended the deceased from: April 7, 1948 to April 7, 1948 that I last saw her alive on: 4-7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to: Chronic Cardio-Vascular disease	Don't Know
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NONE
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: W. L. Cooper (M. D. or other)
Address: Springfield Mo. Date signed: 4-9-48

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.