. 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 MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113385

Registration District No. 289 | Primary Registration District No. 4320 | Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Palmyra (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 123 East New Street (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: Missouri (b) County: Marion
(c) City or town: Palmyra (If outside city or town limits, write "RURAL")
(d) Street No.: 123 East New Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Harold Lorn Martin
3. (b) If veteran, name war: W. W. #2
3. (c) Social Security No.: 486-28-9520
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: September (Month) 25 (Day) 1916 (Year)

8. AGE: Years 31 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: ____
12. FATHER Name: Jefferson Martin
13. FATHER Birthplace: Missouri (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Cora Grant Martin
15. MOTHER Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: William Martin
(b) Address: Palmyra, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Little Union Cemetery
18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Missouri
19. (a) 5-1-48 (Date received local registrar) (b) Viola Meers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 27 year: 1948 hour: about minute: 7 p M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide	
Due to: Shooting self through head with shot gun	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: ____
Of autopsy: ____

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: 4-27-48
(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? at his home (Specify type of place) 3
While at work? ____ (e) Means of injury: Coroner
23. Signature: James O'Donnell (M. D. or other)
Address: Hannibal Date signed: 4/28/48

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

JUN 11 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 Geo. S. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra 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.