

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

1. PLACE OF DEATH:

(a) County PLATTE

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 yrs.
years, months or days

3. (a) PRINT FULL NAME Willie Thomas Martin

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 MARRIED

6. (b) Name of husband or wife LINA MARTIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 3 24 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace JACKSON Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER

12. Name William Colson Martin

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

14. Maiden name SUSAN WILLIAMS

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

16. (a) Informant Mrs. Lina Martin

(b) Address Edgerton, Mo.

17. (a) BURIAL (b) Date thereof 4-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIDGLEY CEMETERY

18. (a) Signature of funeral director Rollins - Nash

(b) Address EDGERTON, MO.

19. (a) 4-16-48 (b) Alpha Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PLATTE

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 10th
year 48 hour 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Mar 5
1948 to Apr. 4 - 1948

that I last saw him alive on Apr. 4 - 48
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration _____

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93

Of operations _____

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 0

23. Signature John A. Robinson (M. D. or other) _____
Address Edgerton, MO Date signed 4-14-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-28-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.