S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16958

FILED JUN 15 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Residence 2917 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 Garfield
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

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0

3. (a) PRINT FULL NAME Wilmer Hayes Martin

3. (b) If veteran, name war .....

3. (c) Social Security No. 490-07-4046

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gertrude Martin

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 10, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	26	..... hr. ..... min.

9. Birthplace Williamstown Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Aaron Martin
13. Birthplace No record Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Sprague Martin
15. Birthplace No record Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Martin
(b) Address 2917 Garfield Hannibal Mo.

17. (a) Burial (b) Date thereof 6/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery Mo.

18. (a) Signature of funeral director H. Crawford Smith
(b) Address 902 Broadway Hannibal Mo.

19. (a) 6-7-48 (b) D. E. M. Lucke 149
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 3, 1948 to June 5, 1948; that I last saw him alive on June 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolism	
Due to Hypertension-Malnutrition	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83B

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 .....

23. Signature J. C. Chilton (M. D. or other) M.D.

Address 500 Broadway, Hannibal Mo. Date signed 6/7/48

Jefferson City Printing Co.

(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 John L Ward Registered Apprentice No. 35 working under my personal supervision.

Signed H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.