

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19855

FILED JUL 15 1948  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St John's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 5 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural Route #1 Carl Jct., Mo  
(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 \_\_\_\_\_

3: (a) PRINT FULL NAME NICK WILLIE 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 BEULAH

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

7. Birth date of deceased 1 29 1907  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>5</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Martin

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

14. Maiden name Maggie Scott

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

16. (a) Informant Mrs. Nick Martin

(b) Address Route #1, Carl Junction, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 6-4-48  
(Month) (Day) (Year)

(c) Place of burial or cremation Maples, Missouri

18. (a) Signature of funeral director Don Roney

(b) Address Carl Junction, Missouri

19. (a) 6-11-48  
(Date received local registrar)

(b) Valores Sampson  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day June  
year 1948 hour 7 minute 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.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Arterial Hypertension Stroke

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Eugene Hamilton (M. D. or other) MD

Address \_\_\_\_\_ Date signed 6-4-48

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**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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.**