FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23596

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Miller
(b) City or town RURAL FRANKLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1½ mi N-E-BAGNELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime / years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Thomas-Seigle-Martin
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed 2
6. (b) Name of ~~husband~~ or wife Lettie-Martin
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 8 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	1	27	✓ hr. ✓ min.

9. Birthplace Miller-Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer-
11. Industry or business Farming-(Gen)

FATHER
12. Name Thomas Martin
13. Birthplace unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret-Conner
15. Birthplace unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Joe-Martin
(b) Address Eldon-Mo-R.F.D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lamb-Cem-
18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo
19. (a) 8-8-48 (Date received local registrar) (b) Alverretta Waltz (Registrar's signature) 1923

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1948 hour 7 minute 35 A M.
21. I hereby certify that I attended the deceased from August 1st, 1948 to August 5, 1948
that I last saw him alive on August 4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia of Complete Thrombosis of Bath	
Due to Lower Extremities	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

99

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 2
23. Signature M. E. Humphrey (M.D. or other) D.O.
Address Tuscumbia Mo Date signed 8-6-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 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 Keith M. Hays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.