

FILED JUL 19 1948

State File No.

Registration District No. 264

Primary Registration District No. 5898

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural - Richland Twp.
(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 66 yrs
In this community 66 yrs
years, months or days

3. (a) PRINT FULL NAME Robert Alton 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 Ella Martin 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 15 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>23</u>	hr. min.

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

10. Usual occupation Farming

MOTHER FATHER

11. Industry or business
12. Name Pat Martin
13. Birthplace Ozark Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Matney
15. Birthplace Ozark Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dora, Mo.

(b) Address
17. (a) Burial (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cemetery

18. (a) Signature of funeral director Clinkingbeard Fn. Home

(b) Address Gainesville, Mo.

19. (a) 7-3-48 (b) William Cogswell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Dora - 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 June day 9
year 1948 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 4-17-1948 to 6-9-1948
that I last saw him alive on 6-4-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to General arteriosclerosis
Chronic hypertensive myocarditis

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93D
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)
(c) Means of injury 0

23. Signature E. B. Bohrer (M. D. or other) MD
Address Dora, Mo Date signed 6-20-48

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

2
13
39
37823

RECEIVED

District Health Officer No. 6;

District File Number 248-834

Date Filed JUL 16 1945

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.....

Charles P. Fish

Registered Apprentice No. 45

working under my personal supervision.

Signed W. B. Guthrie

Licensed Embalmer No. 3431

P. O. Address Gainesville

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.