DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1948

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 25369

Registrar's No. 115

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Infant 1 day
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico (If outside city or town limits, write "RURAL") 1
(d) Street No. 520 E RR St (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Died unnamed, Martin
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August (Month) 7 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 1/2 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation none
11. Industry or business

MOTHER FATHER
12. Name Melvin Martin
13. Birthplace Keytsville (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Eurlene Hayes
15. Birthplace Salisbury (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Melvin Martin
(b) Address 520 E RR St Mexico.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood cemetery Mexico
18. (a) Signature of funeral director Jackson Parker Funeral Home
(b) Address 409 So Walnut St.
19. (a) 8/9/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 1948 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from 8-7-, 1948, to 8-8-, 1948 that I last saw h. alive on 8-7-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Atelectasis.
Due to
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? (Specify type of place)
While at work?
(e) Means of injury 0

23. Signature J. Frank Jolley (M. D. or other) MD
Address Mexico Mo Date signed 8/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-1439
Date Filed AUG 16 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~~ not .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Steven P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia M

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.